Print Manager

NOTE:

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along

General	Informati	n

Name of Facility			
Name of Facility Bride Brook Health and Rehabilitation Center	Address 23 Liberty Way, Niantic, CT 06357	Phone Number 860-739-4007	-
Type of Facility and License Number(s)	-+	-1	
License Numbe	CCNH 2082-C	□ RHNS	(Specify) -
Medicaid Provider Number			
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017	-	
10,12010	7/30/2017		
	_		
Medicare Provider Number 07-5375	_		
Printed Name (Administrator)	Printed Name (Owner)	_	
Report Prepared By	DL	Date	т
Margaret Philen	Phone Number 832-467-6225	2/12/2018	3
Type of Ownership (Check appropriate box)			-
○ Proprietorship	O Profit Corp. O Non-Profit Corp. O	O Government O Trust	
If this facility opened or closed during report year	r provide:	Date Opened Date Closed	
Has there been any change in ownership or opera	tion during this report year? If "Yes,"	explain fully.	
O Y05 💿 No			
Name of Administrator Lisa Mailloux	_		
Nursing Home Administrator's License No.	1992		
Other Operators/Owners who are Assistant Admi	inistrators (full or part time) of this facil	lity.	
Name	7	License #]
	_		-
	_		_
Legal Name of Partnership/LLC	Business Address		State(s) and/or Town(s) in Which Registered
See attached			
Name of Partners/Members see attached	Business Address	Title	% Owned
		State(s) in Which	1
Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Legal Name of Corporation Name of Directors, Officers	Business Address Business Address		No. Shares Held by Each
		Incorporated	No. Shares Held by Each
		Incorporated	No. Shares Held by Each
		Incorporated	No. Shares Held by Each
		Incorporated	No. Shares Held by Each
		Incorporated	No. Shares Held by Each
	Business Address	Incorporated	No. Shares Held by Each
Name of Directors, Officers	Business Address	Incorporated	No. Shares Held by Each
Name of Directors, Officers	Business Address	Incorporated	No. Shares Held by Each
Name of Directors, Officers	Business Address	Incorporated	No. Shares Held by Each
Name of Directors, Officers	Business Address	Incorporated	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	No. Shares Held by Each
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	
Name of Directors, Officers Name of Directors, Officers Names of Stockholders Owning at Least 10% of S Names of Stockholders Owning at Least 10% of S If this facility is owned or operated as an individu	Business Address	Incorporated Title Title	If "Yes", provide the Name/Address and co information on Page 11 of the report.

common ownership, cont officials of this facility?

© Yes ○ No

If "Yes", provide the following information:

General Info

		Name of Related Individual or Company	Business Address	Also Provides Goods / Services to Non-Related Parties	Description of Goods / Services Provided	Indicate Where Costs are Included in Annual Report Page# / Line#	Cost Reported	Actual Cost to Par	
	2	SSC Administrative Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta,	⊖ Yes	Back Office Services	Page 16/C.1.m.12	650,894	I al	650,894
Page 4			Percentage Non-Related	0.00%					
Pa	2	SSC consulting Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	Q Yes 🔍 No		Page 16/C.1.m.12	227,537		227,537
	r		Percentage Non-Related	0.00%				1	
			Percentage Non-Related	© Yes ○ No 0.00%					
	F		Tercennage room reented	O Yes O No	-				
			Percentage Non-Related	0.00%					
	Γ			O Yes O No					
			Percentage Non-Related	0.00%				I	
	Γ			○ Yes ○ No					
			Percentage Non-Related	0.00%					
				⊖ Yes ⊃ No					
	-		Percentage Non-Related	0.00%					
			Percentage Non-Related	○ Yes ○ No 0.00%					
	Г		r ercentage Non-Ketateu					1	
	L		Percentage Non-Related	○ Yes ○ No 0.00%					
			-		•				
		In the preparation of this Report, were all costs allo \circledast Yes $$\bigcircN_0$$	cated as required? If "No," explain full	ly why such allocation was not r	nade.				
	Γ								
5	2	Explain the allocation of related company expenses	and attach copy of appropriate supporti	ing data.					
Page 5									
				• • • • • • • •					
	3 1	Did the Facility appropriately allocate and self-disa Care Services, etc.) If "No," explain fully why such	allow direct and indirect costs to non-nur a allocation was not made.	sing home cost centers? (e.g., A	ssisted Living, Home Health, Outpatient Serv	ices, Adult Day			
	Г	● Yes ○ No							
	A I	Include all long-term leases for motor vehicles and e	equipment that have not been capitalized	 Short-term leases or as needed 	ed rentals should not be included in these amo			1	
	_	Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease	Annual Amount of Lease	Amount Claimed	Related to	Owners
								O Yes	O No
								O Yes	O No
	-								
								O Yes	O No
								O Yes	O No
é	ŀ							O Yes	O No
Page 6	_								0.110
								○ Yes	O No
								O Yes	O No
	-								0.10
								O Yes	O No
								O Yes	Q No
								O Yes	O No
						Total	0		
					Is a Mileage Log Book Maintained for All Lo		0	⊖ Yes	O No
		The records of this facility for the period covered by	y this report were maintained on the follo	owing basis:					
		© Accruan O Cash O Modified Cash							
		Is the accounting basis for this period the same as fo	or the previous period? If "No," explain	L					
	_	© Yes ○ No							
	L								
	1	Name of Accounting Firm]	1	Address of Accounting Firm				
	2 3			23					
	4]	4					
	1 2	Services Provided by This Firm (describe fully)		Charge for Service Provided]				
~	2 3 4				+				
Pag		Are these charges reflected in the expenditure porti	ion of this report? If Yes, specify expens	se classification and line number	1 r.				
	Γ	○ Yes ○ No							
	_	X7 AV 1994 V							
	1 2	Name of Legal Firm or Independent Attorney	Address	Telephone Number]				
	2 3 4				+				
	5				1				
	1	Services Provided by This Firm		Charge for Service Provided	Į				
	2 3 4				+				
	4	Are these charges reflected in the expenditure porti	· • • • • • • • • • • • • • • • • • • •		1				
	5								
		⊕ Yes ○ No	ion of this report? If Yes, specify expens	e classification and line numbe					
			ion of this report? If Yes, specify expens	e classification and line numbe					
age 10]	⊕ Yes ○ No		e classification and line numbe	• Yes • • • • • • • • • • • • • • • • • • •				

Page 10

Name & Address of Individual Full Explanation of Services Explanation of Relationship Related to Owners, Operators, Officers

					⊖ Yes ⊃ No]	
					⊖ Yes ⊖ No		
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
_					O Yes O No]	
Page 14					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
					O Yes O No]	
]	
		[] 1	
				[O Yes O No] 1	
					○ Yes ○ No]	
]	
					⊖ Yes ⊃ No]	
		Name & Address of Individual or Company		Full Description of Management Service	Indicate Where Costs are Included in		
17		Supplying Service SSC Administrative Svc, LLC, One Ravinia Dr., Ste. 1500, Atlanta, GA 30346	Cost of Management Services 650,894	Provided Back Office Services	Annual Report Page #/Line # Page 16, line C.1.m.12	-	
Page 17		SSC Consulting Svc, LLC, One Ravinia Dr., Ste. 1500, Atlanta, GA 30346	227,537	Consulting	Page 16, line C.1.m.12		
						-	
					1]	
		Is the cost of employee meals included in 2E? Did you receive revenue from employees?		© Yes ○ No © Yes ○ No	If yes, specify amt.	\$691	
		Where is the revenue received reported in the Cost	Report?		(Page/Line Item)		
18	2K	Is the cost of meals provided to persons other than of Members, Guests) included in 2E?	employees or residents (i.e., Board	⊖ Yes	If yes, specify cost.		
Page 18		Is any revenue collected from these people? Where is the revenue received reported in the Cost	Penort?	O Yes 🔍 No	If yes, specify amt. (Page/Line Item)		
	2141	Is cost of food (other than meals, e.g., snacks at more		O Yes 💿 No	(rag()Line rem)		
	2N 2O	provided to employees included in 2E? Is any revenue collected from employees?		Q Yes No	If yes, specify cost. If yes, specify amt.		
		Where is the revenue received reported in the Cost	Report?	I	(Page/Line Item)		
	3G	Is cost of employee laundry included in 3E?		O Yes No	If yes, specify cost.		
6	3H 31	Did you receive revenue from employees? Where is the revenue received reported in the Cost	Renort?	O Yes No	If yes, specify amt. (Page/Line Item)		
Page 19		<u> </u>		O Yes No			
	3J 3K	Is cost of laundry provided to persons other than en Did you receive revenue from these people?	nployees or residents included in 3E?	O Yes No	If yes, specify cost. If yes, specify amt.		
	3L	Where is the revenue received reported in the Cost	Report?	I	(Page/Line Item)	1	
		Is the property either owned by the Facility or lease	ed from a Related Party?	⊖ Yes	If "Yes" complete Part B. If "No" complete Part C.	1	
	11.4.1	Description Date Land Purchased	Total]	-		
	11A2 11A3	Date Structure Completed If NOT Original Owner, Date of Purchase					
	11A5	Date of Initial Licensure Total Licensed Bed Capacity Square Footage	130				
	11A7a	Original Cost - Land Original Cost - Building					
	11B1a	Part B - Owner and Related Parties Type of Financing (e.g., fixed, variable)	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	
Page 25	11B1b 11B1c	Date Mortgage Obtained Interest Rate for the Cost Year Term of Mortgage (number of years)					
Pa							
		Amount of Principal Borrowed Principal balance outstanding as of				I I	
	11B1f	Principal balance outstanding as of Complete if Mortgage was Refinanced During Curre Type of Financing (e.g., fixed, variable)	ent Cost Year				
	11B1f 11B1g 11B1h 11B1i 11B1j	Principal balance outstanding as of Complete if Mortgage was Refinanced During Curro Type of Financing (e.g., fixed, variable) Date of Refinancing New Interest Rate Term of Mortgage (number of years)	nt Cost Year				
	11B1f 11B1g 11B1h 11B1i 11B1j 11B1k	Principal balance outstanding as of <u>Complete if Mortgage was Refinanced During Curra</u> Type of Financing (e.g., fixed, variable) Date of Refinancing New Interest Rate	ent Cost Year				
	11B1f 11B1g 11B1h 11B1i 11B1j 11B1k 11B1k	Principal balance outstanding as of Complete if Mortpace was Refinanced During Curry Type of Financing (e.g., fixed, variable) Date of Refinancing New Interest Rate Term of Mortgage (number of years) Amount of Principal Borrowed Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only	Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
	11B1f 11B1g 11B1h 11B1i 11B1j 11B1k	Principal balance outstanding as of		Property Leased Land and Building	Date of Lease	Term of Lease	
	11B1f 11B1g 11B1h 11B1i 11B1j 11B1k 11B1k	Principal balance outstanding as of Complete if Mortpace was Refinanced During Curry Type of Financing (e.g., fixed, variable) Date of Refinancing New Interest Rate Term of Mortgage (number of years) Amount of Principal Borrowed Principal Outstanding on Note Paid-Off Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only Arms-length leases	Name and Address of Lessor	Property Leased Land and Building	Date of Lease	Term of Lease	
	11B1f 11B1g 11B1h 11B1i 11B1j 11B1k 11B1k 11B1l	Principal balance outstanding as of Complete if Mortgage was Refinanced During Curr Type of Financing (e.g., fixed, variable) Date of Refinancing New Interest Rate Term of Mortgage (number of years) Amount of Principal Borrowed Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only Arms-length leases Arms-length leases Arms-length leases	Name and Address of Lessor	Property Leased Land and Building	Date of Lease	Term of Lease	
	11B1f 11B1g 11B1h 11B1i 11B1j 11B1k 11B1k 11B1l	Principal balance outstanding as of Compiled: if Mortrages was Refinanced Durine Curr Type of Financing (e.g., fixed, variable) Date of Refinancing New Interest Rate Term of Mortgage (number of years) Amount of Principal Borrowed Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only Arms-length leases Arms-length leases Arms-length leases Arms-length leases Arms-length leases Arms-length leases Printed Name of Preparer Margaret Philen Address of Preparer	Name and Address of Lessor	Property Leased Land and Building	Date of Lease	Term of Lease	
Page 37	11B1f 11B1g 11B1h 11B1h 11B1h 11B1h 11B1h 11B1h C	Principal balance outstanding as of Complete if Mortance war. Refinanced During Curr Type of Financing (e.g., fixed, variable) Date of Refinancing (e.g., fixed, variable) New Interest Rate Term of Mortgage (number of years) Amount of Principal Borrowed Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only Arms-length leases Arms-length and the Arms- Address of Preparer 5300 W. Sam Houston Pkwy North, Ste 100, Phone Number of Preparer	Name and Address of Lessor	Property Leased Land and Building	Date of Lease	Term of Lease	
	11B1f 11B1g 11B1h 11B1h 11B1h 11B1h 11B1h 11B1h C	Principal balance outstanding as of Complete if Mortpace was Refinanced During Curr Type of Financing (e.g., fixed, variable) Date of Refinancing New Interest Rate Term of Mortgage (number of years) Amount of Principal Dorrowed Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only Arms-length leases Arms-length leases State of Preparer State of Preparer State of Preparer State of North State 100, Stat	Name and Address of Lessor	Property Leased Land and Building	Date of Lease	Term of Lease	

A B C D E F G 355 27 Prescription Drugs 0 </th <th>H I</th>	H I
155 28 AmbulanceLinousine 0 1 157 29 30 Laboratory 0 1 158 30 Laboratory 0 1 1 159 31 Medical Supples 0 1 1 361 32 Oxygen (tot emergency) 0 1 1 361 33 Occupational Therapy 0 1 1 362 34 Other Ancillary Costs Page 29 Schedule 0 - - 365 35 Depreciation on Unallowable Motor Vehicles 0 1 1 1 366 77 Unallowable Property and Real Estate Taxes 0 1	
357 29 X-rays, etc. 0 1 358 30 Laboratory 0 1 359 31 Medical Supplies 0 1 360 32 Oxygen (not emergency) 0 1 362 33 Occupational Therapy 0 1 362 34 Other Ancillary Costs Page 29 Schedule 0 . 362 74 Ansame Bepreciation on Unallowable boort Vehicles 0 . . 366 Excess Movable Equipment Depreciation Page 29 Schedule 0 . . . 367 74 Remark OB Subing Space or Rooms Page 29 Schedule 0 . . . 360 Mortgag Insurance 0 371 42 Resauch or Experimental Activities 0 .	
359 31 Medical Supplies 0 1 360 32 Oxygen (not emergency) 0 1 361 33 Occupational Therapy 0 - - 362 33 Occupational Therapy 0 - - - 363 6 Page 22 Maintenance and Property 0 - </td <td></td>	
360 32 Oxygen (nor emergency) 0 0 0 361 33 Occupational Therapy 0 0 0 0 362 34 Other Ancillary Costs Page 29 Schedule 0 <	
361 33 Occupational Therapy 0 0 362 34 Other Ancillary Costs Page 29 Schedule 0 - - 364 35 Excess Movable Equipment Depreciation Page 29 Schedule 0 - - - 365 36 Depreciation Olunallowable Motor Vehicles 0 - <td></td>	
362 34 Other Ancillary Costs Page 29 Schedule 0 . . 363 Page 22 - Maintenance and Property Page 29 Schedule 0 . . . 365 Stexess Movable Equipment Depreciation Page 29 Schedule 0 . . . 365 Stexess Movable Equipment Depreciation Page 29 Schedule 0 . . . 366 77 Mainto and Deprepty and Real Estate Taxes 0 367 78 88 Rental of Building Space or Rooms 0 368 79 79 99 29 Schedule 0 .	
363 Page 22 - Maintenance and Property Page 29 Schedule 0 . 364 35 Excess Movable Equipment Depreciation Page 29 Schedule 0 . . 365 36 Depreciation on Unallowable Motor Vehicles 0 . . . 366 37 Unallowable Property and Real Estate Taxes 0 . . . 367 38 Rental Of Building Space or Rooms 0 . . . 368 39 Other Property Costs Page 29 Schedule 0 . . . 371 41 Property Insurance 0 373 42 Research or Experimental Activities 0 374 43 Roding Machine Revenue 0 . <td></td>	
35 Excess Movable Equipment Depreciation Page 29 Schedule 0 - - 365 37 Unallowable Property and Real Estate Taxes 0 - - 367 7 38 Rental of Building Space or Rooms 0 - - 368 87 9 Other Property Costs Page 29 Schedule 0 - - 370 40 Mortgage Insurance 0 - - - 370 41 Property Insurance 0 - - - 371 41 Property Insurance 0 - - - 371 42 Research or Experimental Activities 0 - - - 373 42 Rening Machine Revenue 0 - - - - - 376 45 Purchase Discounts and Allowances 0 -	
365 36 Depreciation on Unallowable Motor Vehicles 0 366 37 Unallowable Property and Real Estate Taxes 0 37 38 Rental of Building Space or Rooms 0 368 39 Other Property Costs Page 29 Schedule 0 370 40 Mortgage Insurance 0 - 371 41 Property Insurance 0 - 372 Other- Miscellameous 0 - - 373 42 Research or Experimental Activities 0 - - 374 43 Radio and Television Revenue 0 - - - 375 44 Vending Machine Revenue 0 - - - - 376 45 Purchase Discounts and Allowances 0 - <td< td=""><td></td></td<>	
366 367 37 38 Rental of Building Space or Rooms 39 0 0 369 369 370 370 370 370 371 40 Page 27 - Insurance 39 0 0 0 370 371 41 Property Costs 373 0 0 0 0 371 372 41 Property Insurance 373 0 0 0 0 371 372 42 Research or Experimental Activities 374 0 0 0 0 372 374 43 Radio and Television Revenue 0 0 0 0 0 0 375 44 Vending Machine Revenue 0 0 <td< td=""><td></td></td<>	
373 42 Research or Experimental Activities 0 373 42 Research or Experimental Activities 0 374 43 Radio and Television Revenue 0 375 44 Vending Machine Revenue 0 376 45 Purchase Discounts and Allowances 0 377 46 Duplication of functions or services 0 378 47 Expenditures for protection, promotion of provider interest 0 379 48 Interest Income on Account Rec. 0 380 49 Other Adjustments to Expense Page 29 Schedule 0 381 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 21,214,928 385 11a Medicaid Room and Board Contractual Allowance (15,051,383) 1 1 391 12b Other States Room a	
373 0/her - Miscellaneous 373 42 Research or Experimental Activities 374 43 Radio and Television Revenue 0 375 44 Vending Machine Revenue 0 376 45 Purchase Discounts and Allowances 0 377 46 Duplication of functions or services 0 378 47 Expenditures for protection, promotion of provider interest 0 379 48 Interest Income on Account Rec. 0 380 49 Other Adjustments to Expense Page 29 Schedule 0 381 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 21,214,928 386 12a Medicaid Room and Board Contractual Allowance (15,051,383) 1 1 391 12b Medicaire Residents (MI inclusive) 8,111,637 8,111,637<	
373 42 Research or Experimental Activities 0 373 42 Research or Experimental Activities 0 374 43 Radio and Television Revenue 0 375 44 Vending Machine Revenue 0 376 45 Purchase Discounts and Allowances 0 377 46 Duplication of functions or services 0 378 47 Expenditures for protection, promotion of provider interest 0 379 48 Interest Income on Account Rec. 0 380 49 Other Adjustments to Expense Page 29 Schedule 0 381 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 21,214,928 385 11a Medicaid Room and Board Contractual Allowance (15,051,383) 1 1 391 12b Other States Room a	
373 42 Research or Experimental Activities 0 373 42 Research or Experimental Activities 0 374 43 Radio and Television Revenue 0 375 44 Vending Machine Revenue 0 376 45 Purchase Discounts and Allowances 0 377 46 Duplication of functions or services 0 378 47 Expenditures for protection, promotion of provider interest 0 379 48 Interest Income on Account Rec. 0 380 49 Other Adjustments to Expense Page 29 Schedule 0 381 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 21,214,928 385 11a Medicaid Room and Board Contractual Allowance (15,051,383) 1 1 391 12b Other States Room a	
373 42 Research or Experimental Activities 0 373 42 Research or Experimental Activities 0 374 43 Radio and Television Revenue 0 375 44 Vending Machine Revenue 0 376 45 Purchase Discounts and Allowances 0 377 46 Duplication of functions or services 0 378 47 Expenditures for protection, promotion of provider interest 0 379 48 Interest Income on Account Rec. 0 380 49 Other Adjustments to Expense Page 29 Schedule 0 381 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 21,214,928 385 11a Medicaid Room and Board Contractual Allowance (15,051,383) 1 1 391 12b Other States Room a	
373 42 Research or Experimental Activities 0 374 43 Radio and Television Revenue 0 375 44 Vending Machine Revenue 0 376 45 Purchase Discounts and Allowances 0 377 46 Duplication of functions or services 0 378 47 Expenditures for protection, promotion of provider interest 0 379 48 Interest Income on Account Rec. 0 380 49 Other Adjustments to Expense Page 29 Schedule 0 - 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - - 383 - Page 29 Schedule 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 - - - - - 386 Line # Description Total CCNH RHNS (Specify) 387 - - - - - - 388 1a Medicaid Residents (CT Only) 21,214,928	
373 43 Radio and Television Revenue 0 0 0 375 44 Vending Machine Revenue 0 0 0 0 376 45 Purchase Discounts and Allowances 0 0 0 0 0 377 46 Duplication of functions or services 0	
375 44 Vending Machine Revenue 0	
377 46 Duplication of functions or services 0 0 378 47 Expenditures for protection, promotion of provider interest 0 0 379 48 Interest Income on Account Rec. 0 0 0 380 49 Other Adjustments to Expense Page 29 Schedule 0 - - 381 Not For Profit Providers Only 0 - - - 382 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - - 383 51 Total Amount of Decrease 0 0 0 0 384 51 Total Amount of Decrease 0 0 0 0 385 1 Medicaid Residents (CT Only) 21,214,928 [15,051,383) [15,051,383) [15,051,383) [15,051,383) [16,051,383) [16,051,383) [16,051,383) [16,051,383] [16,051,383) [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] [16,051,383] <td></td>	
378 47 Expenditures for protection, promotion of provider interest 0 0 0 379 48 Interest Income on Account Rec. 0 0 0 0 380 49 Other Adjustments to Expense Page 29 Schedule 0 - - 381 Not For Profit Providers Only 0 0 - - - 382 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - - - 383 51 Total Amount of Decrease 0 0 0 0 0 384 51 Total Amount of Decrease 0 0 0 0 0 385 7 Resident Room, Board & Routine Care Revenue 113 Redicaid Residents (CT Only) 21,214,928 21,214,928 114,01000000000000000000000000000000000	
382 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 1 Total Amount of Decrease 0 0 0 386 Line # Description Total CCNH RHNS (Specify) 387 Resident Room, Board & Routine Care Revenue 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 11 388 11a Medicaid Residents (CT Only) 21,214,928 11,5051,383) 11 11 389 11b Medicaid Residents (Cartactual Allowance (15,051,383) 11	
382 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 1 Total Amount of Decrease 0 0 0 386 Line # Description Total CCNH RHNS (Specify) 387 Resident Room, Board & Routine Care Revenue 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 11 388 11a Medicaid Residents (CT Only) 21,214,928 11,5051,383) 11 11 389 11b Medicaid Residents (Cartactual Allowance (15,051,383) 11	I
382 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 1 Total Amount of Decrease 0 0 0 386 Line # Description Total CCNH RHNS (Specify) 387 Resident Room, Board & Routine Care Revenue 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 11 388 11a Medicaid Residents (CT Only) 21,214,928 11,5051,383) 11 11 389 11b Medicaid Residents (Cartactual Allowance (15,051,383) 11	
382 50 Building/Non Movable Eq. Depreciation Unallowable Build Int 0 - - 383 51 Total Amount of Decrease 0 0 0 384 51 Total Amount of Decrease 0 0 0 385 1 Total Amount of Decrease 0 0 0 386 Line # Description Total CCNH RHNS (Specify) 387 Resident Room, Board & Routine Care Revenue 11 Medicaid Residents (CT Only) 21,214,928 21,214,928 11 388 11a Medicaid Residents (CT Only) 21,214,928 11,5051,383) 11 11 389 11b Medicaid Residents (Cartactual Allowance (15,051,383) 11	
383 Page 29 Schedule 384 51 Total Amount of Decrease 0 0 0 0 385 51 Total Amount of Decrease 0 <	
385 Line # Description Total CCNH RHNS (Specify) 387 Resident Room, Board & Routine Care Revenue 11a Medicaid Residents (CT Only) 21,214,928 12,214,	
386Line #DescriptionTotalCCNHRHNS(Specify)387Resident Room, Board & Routine Care Revenue388I1aMedicaid Residents (CT Only)21,214,92821,214,928	
387Resident Room, Board & Routine Care Revenue388I1aMedicaid Residents (CT Only)21,214,92821,214,928389I1bMedicaid Room and Board Contractual Allowance(15,051,383)(15,051,383)390I2aMedicaid (All Other States)0	
387Resident Room, Board & Routine Care Revenue388IIaMedicaid Residents (CT Only)21,214,92821,214,928389IIbMedicaid Room and Board Contractual Allowance(15,051,383)(15,051,383)390I2aMedicaid (All Other States)0	
387Resident Room, Board & Routine Care Revenue388I1aMedicaid Residents (CT Only)21,214,92821,214,928389I1bMedicaid Room and Board Contractual Allowance(15,051,383)(15,051,383)390I2aMedicaid (All Other States)0	
38911bMedicaid Room and Board Contractual Allowance (12a(15,051,383)(15,051,383)39012aMedicaid (All Other States)0039112bOther States Room and Board Contractual Allowance (13a0039213aMedicare Residents (all inclusive)8,111,6378,111,63739313bMedicare Room and Board Contractual Allowance (2,596,047)(2,596,047)(2,596,047)39414aPrivate-Pay Residents and Other Private-Pay Room and Board Contractual Allowance (3,917,873)7,078,791(3,917,873)39514bPrivate-Pay Room and Board Contractual Allowance (3,917,873)(3,917,873)(3,917,873)396Other Resident Revenue308,452308,452308,452398111bPrescription Drugs - Medicare Support 111a116,348116,348116,348400111dPrescription Drugs - Non-Medicare Contractual Allowance (97,385)(97,385)(97,385)401112aMedical Supplies - Medicare Contractual Allowance (12)01010402112bMedical Supplies - Medicare Contractual Allowance (12)01010403112cMedical Supplies - Non-Medicare (12)01010404112dMedical Supplies - Non-Medicare Contractual Allowance (12)01010404112dMedical Supplies - Non-Medicare Contractual Allowance010404112dMedical Supplies - Non-Medicare Contractual Allowance </td <td></td>	
39012aMedicaid (All Other States)0	
39112bOther States Room and Board Contractual Allowance0139213aMedicare Residents (all inclusive)8,111,6378,111,63739313bMedicare Room and Board Contractual Allowance(2,596,047)(2,596,047)39414aPrivate-Pay Residents and Other7,078,7917,078,79139514bPrivate-Pay Room and Board Contractual Allowance(3,917,873)1396Other Resident Revenue308,452308,452139711aPrescription Drugs - Medicare308,452308,452139811bPrescription Drugs - Medicare Contractual Allowance(306,892)(306,892)139911cPrescription Drugs - Non-Medicare116,348116,3481400111dPrescription Drugs - Non-Medicare Contractual Allowance(97,385)(97,385)1401112aMedical Supplies - Medicare Contractual Allowance011403112cMedical Supplies - Non-Medicare01404112dMedical Supplies - Non-Medicare Contractual Allowance01	
392I3aMedicare Residents (all inclusive)8,111,6378,111,637393I3bMedicare Room and Board Contractual Allowance(2,596,047)(2,596,047)394I4aPrivate-Pay Residents and Other7,078,7917,078,791395I4bPrivate-Pay Room and Board Contractual Allowance(3,917,873)(3,917,873)396Other Resident Revenue308,452308,452308,452397II1aPrescription Drugs - Medicare308,452308,452308,452398II1bPrescription Drugs - Medicare Contractual Allowance(306,892)(306,892)1111399II1cPrescription Drugs - Non-Medicare116,348116,348116,348400II1dPrescription Drugs - Non-Medicare Contractual Allowance(97,385)(97,385)1111401II2aMedical Supplies - Medicare Contractual Allowance01111402II2bMedical Supplies - Medicare Contractual Allowance01111403II2cMedical Supplies - Non-Medicare01111404II2dMedical Supplies - Non-Medicare Contractual Allowance011111404II2dMedical Supplies - Non-Medicare Contractual Allowance011111	
39313bMedicare Room and Board Contractual Allowance(2,596,047)(2,596,047)39414aPrivate-Pay Residents and Other7,078,7917,078,79139514bPrivate-Pay Room and Board Contractual Allowance(3,917,873)(3,917,873)396Other Resident Revenue(3,917,873)(3,917,873)39711aPrescription Drugs - Medicare308,452308,45239811bPrescription Drugs - Medicare Contractual Allowance(306,892)(306,892)39911cPrescription Drugs - Non-Medicare116,348116,348400111dPrescription Drugs - Non-Medicare Contractual Allowance(97,385)(97,385)401112aMedical Supplies - Medicare Contractual Allowance0114402112bMedical Supplies - Medicare Contractual Allowance0114403112cMedical Supplies - Non-Medicare0114404112dMedical Supplies - Non-Medicare Contractual Allowance0114	
39414aPrivate-Pay Residents and Other7,078,7917,078,79139514bPrivate-Pay Room and Board Contractual Allowance(3,917,873)(3,917,873)396Other Resident Revenue(3,917,873)(3,917,873)397II1aPrescription Drugs - Medicare308,452308,452398II1bPrescription Drugs - Medicare Contractual Allowance(306,892)(306,892)399II1cPrescription Drugs - Non-Medicare116,348116,348400II1dPrescription Drugs - Non-Medicare Contractual Allowance(97,385)(97,385)401II2aMedical Supplies - Medicare Contractual Allowance0112402II2bMedical Supplies - Medicare Contractual Allowance0114403II2cMedical Supplies - Non-Medicare0114404II2dMedical Supplies - Non-Medicare Contractual Allowance0114	
395I4bPrivate-Pay Room and Board Contractual Allowance(3,917,873)396Other Resident Revenue397II1aPrescription Drugs - Medicare398II1bPrescription Drugs - Medicare Contractual Allowance399II1cPrescription Drugs - Non-Medicare400II1dPrescription Drugs - Non-Medicare Contractual Allowance401II2aMedical Supplies - Medicare Contractual Allowance402II2bMedical Supplies - Medicare Contractual Allowance403II2cMedical Supplies - Non-Medicare404II2dMedical Supplies - Non-Medicare	
396Other Resident Revenue397II a Prescription Drugs - Medicare308,452308,452398II b Prescription Drugs - Medicare Contractual Allowance(306,892)(306,892)399II c Prescription Drugs - Non-Medicare116,348116,348400II d Prescription Drugs - Non-Medicare Contractual Allowance(97,385)(97,385)401II2a Medical Supplies - Medicare Contractual Allowance0112402II2b Medical Supplies - Medicare Contractual Allowance0112403II2c Medical Supplies - Non-Medicare0112404II2d Medical Supplies - Non-Medicare Contractual Allowance0112	
398IIIbPrescription Drugs - Medicare Contractual Allowance(306,892)(306,892)399IIIcPrescription Drugs - Non-Medicare116,348116,348400IIIdPrescription Drugs - Non-Medicare Contractual Allowance(97,385)(97,385)401II2aMedical Supplies - Medicare0116402II2bMedical Supplies - Medicare Contractual Allowance0116403II2cMedical Supplies - Non-Medicare Contractual Allowance0116404II2dMedical Supplies - Non-Medicare Contractual Allowance0116	
399II1cPrescription Drugs - Non-Medicare116,348116,348400II1dPrescription Drugs - Non-Medicare Contractual Allowance(97,385)(97,385)401II2aMedical Supplies - Medicare01100000000000000000000000000000000000	
400II1dPrescription Drugs - Non-Medicare Contractual Allowance(97,385)401II2aMedical Supplies - Medicare0402II2bMedical Supplies - Medicare Contractual Allowance0403II2cMedical Supplies - Non-Medicare0404II2dMedical Supplies - Non-Medicare Contractual Allowance0	
401II2aMedical Supplies - Medicare0402II2bMedical Supplies - Medicare Contractual Allowance0403II2cMedical Supplies - Non-Medicare0404II2dMedical Supplies - Non-Medicare Contractual Allowance0	
402II2bMedical Supplies - Medicare Contractual Allowance0403II2cMedical Supplies - Non-Medicare0404II2dMedical Supplies - Non-Medicare Contractual Allowance0	
403II2cMedical Supplies - Non-Medicare0404II2dMedical Supplies - Non-Medicare Contractual Allowance0	
404 II2d Medical Supplies - Non-Medicare Contractual Allowance 0	
405 II3a Physical Therapy - Medicare 1,034,475 1,034,475	
406 9 II3b Physical Therapy - Medicare Contractual Allowance (892,830) 406 9 II3b Physical Therapy - Medicare Contractual Allowance 407 10 10	
407 ω_{D} II3cPhysical Therapy - Non-Medicare176,225176,225408 ω_{D} II3dPhysical Therapy - Non-Medicare Contractual Allowance(153,450)(153,450)	
408 $\tilde{\square}$ II3d Physical Therapy - Non-Medicare Contractual Allowance (153,450) (153,450) 409 II4a Speech Therapy - Medicare 238,069 238,069 238,069	
409II4aSpeech Therapy - Medicare258,009258,009410II4bSpeech Therapy - Medicare Contractual Allowance(192,093)(192,093)	
410If to Speech Therapy - Non-Medicare(1)2,000 (1)	
412II4d Speech Therapy - Non-Medicare Contractual Allowance(29,357)(29,357)	
413 II5a Occupational Therapy - Medicare 1,150,448 1,150,448	
414 II5b Occupational Therapy - Medicare Contractual Allowance (953,554)	
415 II5c Occupational Therapy - Non-Medicare 169,037 169,037 416 II5c Occupational Therapy - Non-Medicare 146,207 (146,207)	
416 II5d Occupational Therapy - Non-Medicare Contractual Allowance (146,207) (146,207) 417 II6a Other (Specify) - Medicare (2,791) (2,791)	
417 II6a Other (Specify) - Medicare Other Resident Rev (2,791) - - 418 II6b Other (Specify) - Non-Medicare Other Resident Rev (20,110) (20,110) - -	
419 III Total Resident Revenue 15,272,620 0 0	
420 Other Revenue	
421IV1Meals sold to guests, employees & others(691)	
422 IV2 Rental of rooms to non-residents 0	
423 IV3 Telephone and Telegraph 0 424 IV4 Particle of Televisions and Calify Services 0	
424IV4Rental of Televisions and Cable Services0425IV5Interest Income (Specify)Interest Income115115-	
425IV5Interest Income (Specify)Interest Income115115-426IV6Private Duty Nurses' Fees00	
420 IV0 IIIvate Daty Males Fees 0 427 IV7 Barber, Coffee, Beauty & Gift shops 0	
428 IV8 Other (Specify) Other Revenue 956 956	
429 See Attached Schedule	
430 V Total Other Revenue 380 380 0 0 121 20 V 77.144419 15.252.000 0 0	
431 30 VI Total All Revenue 15,272,999 15,272,999 0 0	

	В	С	D	Е	F	G
46	7A	Physical Therapy - Medicare Part B	169,498	169,498		
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	0			
50	7D	Total Physical Therapy Treatments	169,498	169,498	0	0
51	8A	Speech Therapy - Medicare Part B	55,641	55,641		
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	0			
55	8D	Total Speech Therapy Treatments	55,641	55,641	0	0
56	9A	Occupational Therapy - Medicare Part B	237,207	237,207		
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	0			
60	9D	Total Occupational Therapy Treatments	237,207	237,207	0	0
61						

Line

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

		Name	CCNH	RHNS	(Specify)	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Compensation Received
	I- Jwner										
	ection ators/C s										
	Section I- Operators/Owner s										
•	Other arties										
Page 11 & 12	Section II-Other Related Parties										
Page 1	Sect										
	III- ators	Lisa Mailloux	112,769			2,103	A.2		Administrative responsibilities over	N/A	
	Section III- Administrators										
	Se										
	ssistan ators										
	IV-A: inistra										
	Section IV-Assistant Administrators										
	S										

List all contracted services - not just those you consider pertain to resident care.

Related to Owner

Total Cost/Page Ref.

Name of Individual/Company	Address	Operators, Officers	Explanation of Relationship	Full Explanation of Services Provided	CCNH	RHNS	(Specify)	Page	Line
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							

Line

Please fill in the Depreciation Schedule as follows:

		Asset Addition Schedule	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
	A1	Land Improvements - Acquired prior to report period							
	A2	Land Improvements - Disposals	-						-
	A3	Land Improvements - Acquired during this report period (attach schedule)							-
	B1	Building Improvements - Acquired prior to this report period	1,637,419		1,637,419	1,530,165			43,579
	B2	Building Improvements - Disposals	-						-
6	B3	Building Improvements - Acquired during this report period (attach schedule)	19,850,713						992,881
Page 23	C1	Non-Movable Equipment - Acquired prior to this report period							
	C2	Non-Movable Equipment -Disposals	_						-
	C3	Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	logi	nileage book ained?	Dat Acqui	isition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
		Yes	No	Month	Year							
D1a												
D1b												
D1c												
D1d												
	Manuble Fastimum (A service description (s. 4) is supported as a size of					50 2 (00		500 500	500 5 05			21,702
D2a	Movable Equipment - Acquired prior to this report period					582,608		582,608	509,785			24,702
									-			
D2b	Disposals					-						-
D2c	Movable Equipment - Acquired during this report period (attach schedule)					32,187						3,868

Please fill in the Amortization Schedule as follows:

				te of isition	Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Organization Expense	Month	Year						
	A1									
	A2									
-	A3									
e 24		Mortgage Expense								
Page	B1									
14	B2									
	B3									
	C1	Leasehold Improvements and Other - Acquired prior to this report period								
	C2	Leasehold Improvements and Other - Disposals				-				-
	C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)								_

	•	В	С	D	Е
1	А	Line #		Subtotal	E Total
2			nt Assets	Subtotal	I otar
3			Cash (on hand and in banks)		250,882
4		A2	Resident Accounts Receivable		919,379
5		A3	Other Accounts Receivable		
6		A4	Inventories		
7		A5	Prepaid Expenses (itemize)		5,095
8		а	Prepaid Licenses/Software	806	,
9			Prepaid Insurances	(381)	
10		с	Prepaid Dues and Subscriptions	4,051	
11		d	Prepaid Deposits	619	
12		A6	Interest Receivable	-	
13		A7	Medicare Final Settlement Receivable		
14		A8	Other Current Assets (itemize)		0
15					
16					
17					
18					
19		A9	Total Current Assets (Lines A1 thru 8)		1,175,355
20					
21		Fixed .			
22	31		Land		
23	Page	B2	Land Improvements	r	0
24	d		Historical Cost		
25		D2	Accumulated Depreciation		19 021 509
26 27		B3	Buildings Historical Cost	21 499 132	18,921,508
27			Accumulated Depreciation	21,488,132 2,566,624	
28		B4	Leasehold Improvements	2,500,024	0
30		D4	Historical Cost		U
31			Accumulated Depreciation		
32		B5	Non-Movable Equipment		0
33		05	Historical Cost		Ŭ
34			Accumulated Depreciation		
35		B6	Movable Equipment		76,441
36			Historical Cost	614,796	- /
37			Accumulated Depreciation	538,355	
38		B7	Motor Vehicles	· · · · ·	0
39			Historical Cost		
40			Accumulated Depreciation		
41		B8	Minor Equipment-Not Depreciable		
42		B9	Other Fixed Assets (itemize)		3,515
43			Asset Clearing	3,515	
44					
45		B10	Total Fixed Assets (Lines B1 thru 9)		19,001,464
46				al Brought Forward	20,176,819
47			hold or like property recorded for Equity Purposes		
48			Land		
49		C2	Land Improvements		0
50			Historical Cost		
51		C 2	Accumulated Depreciation		
52		C3	Buildings Historical Cost	·	0
53 54			Accumulated Depreciation		
55		C4	Non-Movable Equipment		0
56		C4	Historical Cost		U
57			Accumulated Depreciation		
58		C5	Movable Equipment	L	0
59		05	Historical Cost		Ŭ
60			Accumulated Depreciation		
61		C6	Motor Vehicles	.	0
62			Historical Cost		- -
63			Accumulated Depreciation		
64		C7	Minor Equipment -Not Depreciable		
65		C8	Total Leasehold or Like Properties (C1 thru 7)		0
66	32		,		
67	ŝ	Investi	nent and Other Assets		
68	Pag	D1	Deferred Deposits		
69		D2	Escrow Deposits		
70		D3	Organization Expense		0

_

Γ

11 11 Historical Cost 0 12 0 Accumulated Depreciation 0 12 10 Goodwill 0 13 D4 Goodwill 0 14 Goodwill 0 0 15 investments Related Parties 0 16 Loans to Owners or Related Parties 0 17 D6 Loans to Owners or Related Parties 0 16 Name and Address 8.723 8.723 16 Reinndable Deposits 8.723 8.723 17 D9 Total All Assets (Lines A9 + B10 + C8 + D8) 20,185,542 18 D2 Trade Accounts Payable 533,884 19 A1 Trade Accounts Payable 533,884 19 A2 Notes Payable for Equipment 0 101 Name of Londer 1 9 9 102 Name of Londer 1 1 1 103 Name of Londer 1 1 1 1 104 A2 Accrued Payotot (Zeclasire of Owners & Stockholders on y)		A B	С	D	Е
73 D4 Goodwill 0 75 05 Investments Related to Residen Care 0 76 05 Loans to Owners or Related Parties 0 78 Name and Address 0 0 78 Name and Address 0 0 78 Name and Address 8,723 81 0 0 0 82 07 Other Assets 8,723 84 1 1 1 85 0 1 8,723 86 0 1 8,723 87 0 1 8,723 88 0 1 8,723 89 0 1 8,723 80 0 1 8,723 81 0 1 8,723 82 0 1 8,723 83 0 1 8,723 84 0 1 8,723 85 0 1 8,723 86 0 1 8,723	71			D	2
73 D4 Goodwill 0 75 0 1 rans to Owners or Related Parties 0 76 1 rans to Owners or Related Parties 0 78 Name and Address 0 78 Amount 0 80 1 cans to Owners or Related Parties 0 78 Amount 0 81 0 1 cans to Owners or Related Parties 0 82 D7 Other Assets 8,723 84 0 0 8,723 85 0 0 8,723 86 0.0 0 8,723 87 0 0 8,723 88 0 0 8,723 89 0.1 1,8545 20,185,542 89 0 1,7104 All Assets (Lines A9 + B10 + C8 + D8) 20,185,542 89 0 1 1,7104 All Assets (Lines A9 + B10 + C8 + D8) 20,185,542 80 0 1,7104 All Assets (Lines A9 + B10 + C8 + D8) 20,185,542 91 0 1,7104 All Assets (Lines A9 + B10 + C8 + D8) 20,185,542	72		Accumulated Depreciation		
75 76 77 76 78 79 78 78 <td< td=""><td>73</td><td>D4</td><td></td><td></td><td></td></td<>	73	D4			
76 0 Transis to Owners or Related Partics 0 78 Name and Address 4 0 78 Amount 0 0 78 Amount 0 0 81 0 7 0 0 82 D7 Other Assets 8,723 0 84 0 7 0 7 8,723 85 D9 7 fold Investments and Other Assets (Lines D1 thu 7) 8,723 86 D8 7 fold Investments and Other Assets (Lines D1 thu 7) 8,723 87 D9 7 fold Investments and Other Assets (Lines D1 thu 7) 8,723 88 Current Liabilities 533,884 0 91 A1 Track Accounts Payable: 533,884 92 0 0 0 0 93 0 0 0 0 94 A2 Notes Payable for Equipment 0 96 A3 Leams Payable for Equipment 0 96 A3 Leams Payable for Equipment 0 97 A4 <td< td=""><td>74</td><td>D5</td><td>Investments Related to Resident Care</td><td></td><td>0</td></td<>	74	D5	Investments Related to Resident Care		0
77 D6 Tours to Owners or Relided Parties 0 78 Name and Address 0 79 Amount 0 80 D0 Other Assets 8,723 81 D7 Other Assets 8,723 84 0 0 8,723 84 0 0 8,723 85 0 7 fold Nurestments and Other Assets (Lines D1 thru 7) 8,723 86 D8 Total All Assets (Lines A) + B10 + C8 + D8) 20,185,542 87 D9 Total All Assets (Lines A) + B10 + C8 + D8) 20,185,542 88 Current Liabilities 0 0 91 A1 Trade Accounts Payable (iternize) 0 92	75				
78 Name and Address Amount 79 Amount Amount 81 107 Other Assets 8,723 83 107 Other Assets 8,723 84 108 Total Investments and Other Assets (Lines D1 thru 7) 8,723 86 108 Total Investments and Other Assets (Lines D1 thru 7) 8,723 87 109 Total All Assets (Lines A9 + B10 - C8 + D8) 20,185,542 88 Current Liabilities 0 0 90 A3 Loans Payable for Equipment 0 91 Name of Lender 0 0 92 Amount 0 0 93 At Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 94 A.3 Loans Payable for Equipment 0 95 A.4 Accrued Payroll (Caclusive of Owners & Stockholders) 430,457 96 A.3 Loans Payable 75,761 97 At Accrued Payroll (Caclusive of Owners & Stockholders) 430,457 98 Purpose 75,761 75,761 97 At Accrued Payroll (Caclusive	76				
19 Amount Loan Date 87 10 Other Assets 8,723 11 Refundable Deposits 8,723 12 Particle Description 8,723 13 Refundable Deposits 8,723 14 Differ Assets 8,723 15 Differ Assets 8,723 16 Differ Assets 8,723 17 Differ Assets 8,723 18 Differ Assets 100 19 Total Investments and Other Assets (Lines D1 thru 7) 8,723 19 Total Anal Assets (Lines A9 + B10 + C8 + D8) 20,185,542 10 A1 Loans Payable (itemize) 0 11 A2 Notes Payable (itemize) 0 12 Name of Lender 0 0 101 Name of Lender 0 0 102 Name of Lender 0 10 103 A Accrued Payroll (Exclusive of Owners & Stockholders only) 430,457 A5 Accrued Payroll (Coheres & Stockholders only) 75,761 A5 Accrued Payroll (Coheres & Stockholders only) <td< td=""><td>77</td><td>D6</td><td>Loans to Owners or Related Parties</td><td></td><td>0</td></td<>	77	D6	Loans to Owners or Related Parties		0
No. Lan Date Second Second </td <td>78</td> <td></td> <td>Name and Address</td> <td></td> <td></td>	78		Name and Address		
11 27 Other Assets 8,723 181 1 8,723 8,723 183 1 1 8,723 184 1 1 8,723 185 1 1 1 186 D8 Total Investments and Other Assets (Lines D1 thru 7) 8,723 187 D9 Total All Assets (Lines A) + B10 + C8 + D8) 20,185,542 188 Current Liabilities 20,185,542 0 193 A1 Tack Accounts Payable (itemize) 0 194 1 A2 Notes Payable for Equipment 0 196 A3 Loans Payable for Equipment 0 197 Name of Lender 0 0 198 A4 Accrued Payroll (Exclusive of Owners & Stockholders only) 430,457 104 Amount 1 0 75,761 105 A4 Accrued Payroll (Courser & Stockholders only) 75,761 106 Accrued Payroll (Courser & Stockholders only) 75,761 107 As Accrued Payroll (Courser & Stockholders only) 75,761 108	79		Amount		
12 D7 Other Assets 8,723 13 Refundable Deposits 8,723 14 Refundable Deposits 8,723 15 B0 B Total Investments and Other Assets (Lines D1 thru 7) 8,723 15 D9 Total All Assets (Lines A9 + B10 + C8 + D8) 20,185,542 16 Current Liabilities 533,884 17 Notes Payable (remize) 0 18 A1 Trade Accounts Payable 533,884 19 A2 Notes Payable (remize) 0 101 Name of Lender 0 0 102 Name of Lender 0 0 103 Purpose 0 0 104 A4 Accrued Payroll (Owners & Stockholders only) 430,457 A5 Accrued Payroll (Cowners & Stockholders only) 75,761 105 A4 Accrued Payroll (Owners & Stockholders only) 75,761 103 A1 Accrued Payroll (Owners & Stockholders only) 75,761 114 A5 Accrued Payroll (Owners & Stockholders only) 75,761 116 A7 Me	80		Loan Date		
83 84 87,23 84 1<	81				
14 1 1 1 1 1 1 1 1 3 3 1 3 1 3 1 3 1 3 1 3 1 1 1 1 1 3	82	D7	Other Assets		8,723
S5 D8 Total Investments and Other Assets (Lines D1 htm 7) 8,723 B8 Carrent Liabilities 20,185,542 B8 Carrent Liabilities 533,884 A1 Trade Accounts Payable 533,884 A2 Notes Payable (itemize) 0 B6 Carrent Liabilities 0 B7 A3 Loans Payable for Equipment 0 B7 Purpose 0 0 B8 Carrent Liabilities 0 0 B9 Amount 0 0 0 B8 Purpose 0 0 0 B4 0 AA Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 A4 Accrued Payroll (Exclusive of Owners & Stockholders only) 430,457 430,457 A5 Accrued Payroll Taxce Payable 75,761 75,761 A7 Medicare Current Financing Payable 662 662 A11 Accrued Payroll Taxce Payable 662 662 A12 Other Current Liabilititis (temize)	83		Refundable Deposits	8,723	
36 D8 Total II Investments and Other Assets (Lines D1 thru 7) 8,723 87 D9 Total All Assets (Lines A9 + B10 + C8 + D8) 20,185,542 89 Current Liabilities 533,884 90 A1 Trade Accounts Payable 533,884 91 A2 Notes Payable (itemize) 0 92	84				
87 D9 Total All Assets (Lines A9 + B10 + C8 + D8) 20,185,542 88 Current Liabilities 533,384 90 A1 Trade Accounts Payable 0 91 A2 Notes Payable (itemize) 0 93 94 0 0 94 0 0 0 95 A3 Loans Payable for Equipment 0 98 Purpose 0 0 99 Amount 0 0 100 Date Due 0 0 101 Name of Lender 0 0 102 Name of Lender 0 0 103 Purpose 0 0 104 Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 A5 Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 A5 Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 A5 Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 A6 Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 A5 Accrued Payroll (Exclusive	85				
88 Current Liabilities 533,884 90 A1 Trade Accounts Payable 533,884 91 A2 Notes Payable (itemize) 0 92 0 0 0 93 0 0 0 94 0 0 0 95 A3 Loans Payable for Equipment 0 96 A3 Loans Payable for Equipment 0 97 Purpose 0 0 100 Date Due 0 0 101 Name of Lender 0 0 102 Name of Lender 0 0 103 Purpose 0 430,457 A5 Accrued Payroll (<i>Exclusive of Owners & Stockholders ol y)</i> 430,457 105 Date Due 0 75,761 106 A4 Accrued Payroll (<i>Curent</i> Financing Payable 0 113 A1 Increast Payable 0 114 Al Accrued Curent Finanarinest Exokokolders only 596,823 <td>86</td> <td>D8</td> <td>× · · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>8,723</td>	86	D8	× · · · · · · · · · · · · · · · · · · ·		8,723
89 Al Trade Accounts Payable 533,884 90 Al Trade Accounts Payable (itemize) 0 91 Al Trade Accounts Payable (itemize) 0 92 93 94 0 93 94 1 0 94 1 1 0 95 A3 Loans Payable for Equipment 0 96 A3 Loans Payable for Equipment 0 97 Purpose 1 0 98 Purpose 1 0 100 Date Due 1 0 101 Date Due 1 1 1 102 Name of Lender 1	87	D9	Total All Assets (Lines A9 + B10 + C8 + D8)		20,185,542
90 A1 Trade Accounts Payable 533,884 91 A2 Notes Payable (itemize) 0 93 A3 Loans Payable for Equipment 0 96 A3 Loans Payable for Equipment 0 97 Name of Lender 0 98 Purpose 0 99 Anount 0 100 Date Due 0 101 Name of Lender 0 102 Name of Lender 0 103 Purpose 0 104 Anount 0 105 C Accrued Payroll (Exclusive of Owners & Stockholders) A5 Accrued Payroll (Owners & Stockholders) 430,457 A6 Accrued Payroll (Owners & Stockholders) 430,457 A6 Accrued Payroll Taxes Payable 75,761 110 A7 Medicare Final Settlement Payable 662 111 A8 Medicare Final Settlement Payable 662 112 Accrued Res Day User Fee 181,740 113 A10 Interest Payable (CLO GainLoss 652,90	_				
91 A2 Notes Payable (itemize) 0 92 93 94 94 95 94 95 A3 Loans Payable for Equipment 0 96 A3 Loans Payable for Equipment 0 97 Purpose 9 0 0 99 Amount 9 0 0 100 Date Due 9 0 0 101 Date Due 9 0 430,457 103 Purpose 9 0 430,457 104 Anount 9 0 430,457 105 Date Due 9 75,761 75,761 106 A Accrued Payroll (Exclusive of Owners & Stockholders only) 430,457 A Accrued Payroll Taxes Payable 9 9 9 9 110 A Medicare Current Financing Payable 9 9 9 111 AS Medicare Current Tiabilities (itemize) 596,823 9 9 1114 Astroned InsPL/GL Post Petition 74,0699 4 662 <t< td=""><td>89</td><td>Curre</td><td></td><td></td><td></td></t<>	89	Curre			
93		A1	•		533,884
93 94 0 94 0 0 95 A3 Loans Payable for Equipment 0 97 Name of Lender 0 98 Purpose 0 99 Amount 0 100 Date Due 0 101 0 Aatount 0 102 Name of Lender 0 103 Purpose 0 104 Amount 0 105 Date Due 0 106 A.4 Accrued Payroll (<i>Cxclusive of Owners & Stockholders only</i>) 430,457 105 A.4 Accrued Payroll (<i>Taxes</i> Payable 0 110 A7 Medicare Current Financing Payable 0 111 A8 Medicare Current Financing Payable 0 112 A9 Mortgage Payable 0 113 A10 Interest Payable 0 662 114 A11 Accrued Insurances 14,218 596,823 116 Accrued Insurances 144,218 148,456 120 A		A2	Notes Payable (itemize)		0
94 0 95 A3 96 A3 97 Purpose 98 Purpose 99 Amount 100 Date Due 101 Date Due 102 Name of Lender 103 Purpose 104 Amount 105 E 106 Date Due 107 # 98 A4 Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>) 430,457 A5 Accrued Payroll (<i>Owners & Stockholders</i> only) A6 Accrued Payroll Taxes Payable 110 A7 Medicare Current Financing Payable 111 A8 Mortgage Payable 112 A9 Mortgage Payable 113 A10 Interest Payable 114 A11 Accrued Ins PLGL Post Petition 74,089 115 Accrued Ins PLGL Post Petition 74,089 116 Accrued Dest Dustraces 143,760 120 Accrued Insuraces 143,760 121 Accrued Propery Ta					
96 A3 Loans Payable for Equipment 0 97 Name of Lender 0 98 Purpose 0 99 Amount 0 100 Date Due 0 101 Name of Lender 0 102 Name of Lender 0 103 Purpose 0 104 Amount 0 105 Date Due 0 106 At Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>) 430,457 A5 Accrued Payroll (<i>Owners & Stockholders</i> only) 430,457 105 A4 Accrued Payroll (<i>Owners & Stockholders</i> only) 75,761 106 A* Medicare Final Settlement Payable 0 111 A8 Medicare Current Financing Payable 0 112 A9 Mortgage Payable 0 113 A10 Interest Payable 596,823 114 Accrued Insurances 14,218 584,826 121 Accrued Res Day User Fee 181,740 14,637,588 122 Accrued Res Day User Fee 181,740					
96 A3 Loans Payable for Equipment 0 97 Name of Lender 0 98 Purpose 0 99 Amount 0 100 Date Due 0 101 Name of Lender 0 102 Name of Lender 0 103 Purpose 0 104 Amount 0 105 C. A A Accrued Payroll (Exclusive of Owners & Stockholders only) A5 Accrued Payroll Taxes Payable 75,761 106 A7 Medicare Current Financing Payable 0 111 A8 Medicare Current Financing Payable 0 112 A9 Mortgage Payable 0 113 A10 Interest Payable 0 114 A11 Accrued Insurances 14,218 117 Accrued Res Day User Fee 181,740 118 Accrued Property Taxes 24,568 121 Accrued Property Taxes 24,568 122 Accrued Res Day User Fee 181,740 123 Deferred CLO Gain/Loss					
97 Name of Lender 98 Purpose 99 Amount 100 Date Due 101 Date Due 102 Name of Lender 103 Purpose 104 Amount 105 Date Due 106 Accrued Payroll (Exclusive of Owners & Stockholders) 107 A 44 Accrued Payroll (Exclusive of Owners & Stockholders only) 106 A 107 A 44 Accrued Payroll Taxes Payable 111 A8 112 A9 113 A10 114 A8 115 A12 116 Other Current Liabilities (itemize) 117 Accrued Insurances 118 Accrued Insurances 119 Accrued Res Day Use Fee 118 Accrued CLO - Current 121 Accrued CLO - Current 122 Puerose 123 Defered CLO - Current 124 A13 Total Brought Forward 1,637,588					J I
98 Purpose 99 Amount 100 Date Due 101 Name of Lender 103 Purpose 104 Amount 105 Date Due 106 Date Due 107 A 108 Date Due 109 A4 A ccrued Payroll (Exclusive of Owners & Stockholders only) 430,457 A5 Accrued Payroll Taxes Payable 75,761 110 A7 Medicare Current Financing Payable 75,761 111 A8 Medicare Current Financing Payable 662 112 A9 Mortgage Payable 662 113 A10 Interest Payable 662 114 A12 Other Current Liabilities (itemize) 596,823 116 Haccrued Ins PL/GL Post Petition 74,089 120 Accrued Poperty Taxes 24,568 121 Accrued OLO - Current 58,196 122 Accrued Debt Interest 148,456 123		A3			0
99 Amount 100 Date Due 101 Name of Lender 102 Name of Lender 103 Purpose 104 Amount 105 Date Due 106 Date Due 107 A4 108 A4 109 A6 Accrued Payroll (<i>Exclusive of Owners & Stockholders only</i>) 109 A6 Accrued Payroll Taxes Payable 110 A7 Medicare Final Settlement Payable 111 A8 Medicare Current Financing Payable 112 A9 113 A10 114 A11 A11 Accrued Inscences 115 A12 Other Current Liabilities (itemize) 596,823 116 Ustry Taxes 24,568 117 Accrued Res Day User Fee 181,740 120 Accrued Res Day User Fee 181,740 121 Accrued CLO - Current 58,950 122 Accrued CLO - Current 58,196 123					
100 Date Due 101 Name of Lender 102 Name of Lender 103 Purpose 104 Amount 105 Date Due 106 Fei 107 Fei 108 Ada Accrued Payroll (Exclusive of Owners & Stockholders) 109 A4 Accrued Payroll Taxes Payable 110 A7 109 A6 A7 Medicare Current Finanset Payable 111 A8 112 A9 Mortgage Payable 662 113 A10 114 A11 Accrued Insurances 142,218 Accrued Insurances 142,218 Accrued Res Day User Fee 181,740 110 Accrued Property Taxes 24,568 120 Accrued CLO Cain/Loss 65,590 121 Accrued CLO Cain/Loss 65,590 122 Accrued CLO Cain/Loss 65,590 123 Long-Term Liabilitites 16,637,588					
101 Name of Lender 103 Purpose Amount	_				
102 Name of Lender 103 Purpose 104 Amount 105 Date Due 106 A Accrued Payroll (Exclusive of Owners & Stockholders) 107 A5 108 A A Accrued Payroll (Owners & Stockholders only) 109 A6 A6 Accrued Payroll Taxes Payable 111 A8 A8 Medicare Final Settlement Payable 112 A9 113 A10 114 A1 A11 Accrued Income Taxes 115 A12 116 Utility Accruals 117 Accrued Income Taxes 118 Accrued Res Day User Fee 119 Accrued Res Day User Fee 120 Accrued Debt Interest 121 Accrued Droperty Taxes 122 Accrued Res Day User Fee 131 Accrued Debt Interest 142.18 Accrued CLO - Current 142 Accrued Debt Interest 123 Deferred CLO Gain/Loss 124 A13 135 Loans P			Date Due		
103 Purpose 104 Amount 105 Date Due 106 Fee 107 A 108 Accrued Payroll (Exclusive of Owners & Stockholders) 109 A.4 100 A.5 101 A.5 102 A.6 103 A.6 104 Accrued Payroll (Owners & Stockholders only) A.6 Accrued Payroll Taxes Payable 110 A.7 111 A.8 Medicare Current Financing Payable					
104 105 106 107 108 109 109 109 109 109 109 100 100 100 100					
IOS Date Due 105 64 Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 107 A5 Accrued Payroll (Owners & Stockholders only) 430,457 109 A6 Accrued Payroll (Owners & Stockholders only) 75,761 109 A6 Accrued Payroll Taxes Payable 75,761 111 A8 Medicare Final Settlement Payable 662 112 A9 Mortgage Payable 662 113 A10 Interest Payable 662 114 A11 Accrued Income Taxes 662 116 Utility Accruals 29,967 596,823 116 Utility Accruals 29,967 596,823 117 Accrued Insurances 14,218 Accrued Res Day User Fee 181,740 58,8196 120 Accrued Debt Interest 148,456 121 Accrued CLO - Current 58,196 122 Accrued Debt Interest 148,456 123 Deferred CLO Gain/Loss 65,590 124 <td< td=""><td>_</td><td></td><td></td><td></td><td></td></td<>	_				
106 27 4.4 Accrued Payroll (Exclusive of Owners & Stockholders) 430,457 108 A.5 Accrued Payroll Taxes Payable 75,761 109 A.6 Accrued Payroll Taxes Payable 75,761 101 A.7 Medicare Final Settlement Payable 75,761 111 A.8 Medicare Current Financing Payable 75,761 112 A.9 Mortgage Payable 662 113 A.10 Interest Payable 662 114 A.11 Accrued Income Taxes 662 115 A.12 Other Current Liabilities (itemize) 596,823 116 Utility Accruals 29,967 117 Accrued Ins PL/GL Post Petition 74,089 118 Accrued Res Day User Fee 181,740 119 Accrued CLO - Current 58,196 121 Accrued CLO - Current 58,196 122 Accrued CLO Gain/Loss 65,590 123 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 124 A13					
105 AS Accrued Payofil (Gwners & Stockmaer's only) 109 A6 Accrued Payofil Taxes Payable 75,761 110 A7 Medicare Final Settlement Payable 75,761 111 A8 Medicare Final Settlement Payable 111 112 A9 Mortgage Payable 112 113 A10 Interest Payable 112 114 A11 Accrued Income Taxes 662 115 A12 Other Current Liabilities (itemize) 596,823 116 Utility Accruals 29,967 117 Accrued Insurances 14,218 118 Accrued Insurances 14,218 119 Accrued Res Day User Fee 181,740 120 Accrued Debt Interest 148,456 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 <td< td=""><td></td><td>33</td><td>Date Due</td><td></td><td></td></td<>		33	Date Due		
105 AS Accrued Payofil (Gwners & Stockmaer's only) 109 A6 Accrued Payofil Taxes Payable 75,761 110 A7 Medicare Final Settlement Payable 75,761 111 A8 Medicare Final Settlement Payable 111 112 A9 Mortgage Payable 112 113 A10 Interest Payable 112 114 A11 Accrued Income Taxes 662 115 A12 Other Current Liabilities (itemize) 596,823 116 Utility Accruals 29,967 117 Accrued Insurances 14,218 118 Accrued Insurances 14,218 119 Accrued Res Day User Fee 181,740 120 Accrued Debt Interest 148,456 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 <td< td=""><td></td><td>Be vi</td><td>Accrued Descroll (Francisco of Owners & Stockholders)</td><td></td><td>420 457</td></td<>		Be vi	Accrued Descroll (Francisco of Owners & Stockholders)		420 457
109 A6 Accrued Payroll Taxes Payable 75,761 110 A7 Medicare Final Settlement Payable 111 111 A8 Medicare Current Financing Payable 111 112 A9 Mortgage Payable 111 113 A10 Interest Payable 111 114 A11 Accrued Income Taxes 662 115 A12 Other Current Liabilities (itemize) 596,823 116 Utility Accruals 29,967 117 Accrued Insurances 14,218 118 Accrued Insurances 14,218 119 Accrued Res Day User Fee 181,740 120 Accrued Property Taxes 24,568 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 112 1,637,588 127 B1 Loans Payable-Equipment					430,457
110 A7 Medicare Final Settlement Payable 111 A8 Medicare Current Financing Payable 112 A9 Mortgage Payable 113 A10 Interest Payable 114 A11 Accrued Income Taxes 662 115 A12 Other Current Liabilities (itemize) 596,823 116 Utility Accruals 29,967 117 Accrued Insurances 114,218 118 Accrued Insurances 14,218 119 Accrued Res Day User Fee 181,740 120 Accrued Property Taxes 24,568 121 Accrued CLO - Current 58,196 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 127 B1 Loans Payable-Equipment 1 128 Name of Lender 1 1 131 Date Due 1 1 <td>_</td> <td></td> <td>•</td> <td></td> <td>75 761</td>	_		•		75 761
111 A8 Medicare Current Financing Payable 112 A9 Mortgage Payable 113 A10 Interest Payable 114 A11 Accrued Income Taxes 662 115 A12 Other Current Liabilities (itemize) 596,823 116 Utility Accruals 29,967 117 Accrued Insurances 142,118 Accrued Ins PL/GL Post Petition 74,089 119 Accrued Res Day User Fee 181,740 120 Accrued Res Day User Fee 181,740 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 114 127 B1 Loans Payable-Equipment 116 128 Name of Lender 117 129 Purpose 118 116 131 Date Due 113 114					/5,/01
112 A9 Mortgage Payable 113 A10 Interest Payable 114 A11 Accrued Income Taxes 662 115 A12 Other Current Liabilities (itemize) 596,823 116 Utility Accrued Insurances 14,218 117 Accrued Insurances 14,218 118 Accrued Ins PL/GL Post Petition 74,089 Accrued Res Day User Fee 181,740 Accrued Debt Interest 148,456 Accrued Debt Interest 148,456 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Current Liabilities 1,637,588 126 Long-Term Liabilities 1,637,588 127 B1 Loans Payable-Equipment 1,637,588 130 Amount 1,637,588 131 Date Due 1,637,588 132 Name of Lender 1,637,588 133 Name of Lender 1,637,588 137 Jate Due 1,637,5			-		
113 A10 Interest Payable 662 114 A11 Accrued Income Taxes 662 115 A12 Other Current Liabilities (itemize) 596,823 116 Uility Accruals 29,967 117 Accrued Insurances 14,218 Accrued Insurances 14,218 Accrued Res Day User Fee 181,740 Accrued Property Taxes 24,568 120 Accrued CLO - Current 58,196 121 Accrued CLO - Current 58,196 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 126 Long-Term Liabilities 1,637,588 127 B1 Loans Payable-Equipment 1,637,588 138 Name of Lender 1,637,588 139 Amount 1,637,588 131 Date Due 1,637,588 132 Name of Lender 1,637,588 137 B3 Name of Lender 1,637,588 138 B2 <td></td> <td></td> <td></td> <td></td> <td></td>					
114 A11 Accrued Income Taxes 662 115 A12 Other Current Liabilities (itemize) 596,823 116 Utility Accruals 29,967 117 Accrued Insurances 14,218 118 Accrued Insurances 14,218 119 Accrued Res Day User Fee 181,740 120 Accrued Property Taxes 24,568 121 Accrued Debt Interest 148,456 122 Accrued Debt Interest 148,456 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 127 B1 Loans Payable-Equipment 1 128 Name of Lender 1 1 130 Amount 1 1 131 Date Due 1 1 132 Name of Lender 1 1 133 Name of Lender 1 1 134 Purpose 1 1					
115 A12 Other Current Liabilities (itemize) 596,823 116 Utility Accruals 29,967 117 Accrued Insurances 14,218 118 Accrued Insurances 14,218 119 Accrued Res Day User Fee 181,740 120 Accrued Property Taxes 24,568 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1,637,588 127 B1 Loans Payable-Equipment 1,637,588 128 Name of Lender 1,637,588 129 Purpose 1,637,588 130 Amount 1 131 Date Due 1 132 Name of Lender 1 133 Name of Lender 1 134 Purpose 1 135 Amount 1 1					662
116 Utility Accruals 29,967 117 Accrued Insurances 14,218 118 Accrued Ins PL/GL Post Petition 74,089 119 Accrued Res Day User Fee 181,740 120 Accrued Property Taxes 24,568 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 127 B1 Loans Payable-Equipment 1 128 Name of Lender 1 1 130 Amount 1 1 131 Date Due 1 1 133 Name of Lender 1 1 133 Name of Lender 1 1 134 Purpose 1 1 1 135 Amount 1 1 1 1 136 Date Due 1 </td <td></td> <td></td> <td></td> <td></td> <td></td>					
117 Accrued Insurances 14,218 118 Accrued Ins PL/GL Post Petition 74,089 119 Accrued Res Day User Fee 181,740 120 Accrued Res Day User Fee 181,740 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 127 B1 Loans Payable-Equipment 1 128 Name of Lender 1 129 Purpose 1 1 131 Date Due 1 1 132 Name of Lender 1 1 133 Name of Lender 1 1 134 Purpose 1 1 1 135 Amount 1 1 1 1 136 Date Due 1 1 1 1 1 136<		1112		29 967	570,045
118 Accrued Ins PL/GL Post Petition 74,089 119 Accrued Res Day User Fee 181,740 120 Accrued Res Day User Fee 181,740 121 Accrued Property Taxes 24,568 122 Accrued Debt Interest 148,456 123 Accrued CLO - Current 58,196 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 127 B1 Loans Payable-Equipment 1 128 Name of Lender 1 1 129 Purpose 1 1 130 Amount 1 1 131 Date Due 1 1 132 Name of Lender 1 1 133 Name of Lender 1 1 134 Purpose 1 1 135 Amount 1 1 136 Date Due 1 1 1 137 B2 Mortgages Payable 19	_				
119 Accrued Res Day User Fee 181,740 120 Accrued Property Taxes 24,568 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 127 B1 Loans Payable-Equipment 1 128 Name of Lender 1 1 129 Purpose 1 1 130 Amount 1 1 131 Date Due 1 1 133 Name of Lender 1 1 134 Purpose 1 1 135 Amount 1 1 1 136 Date Due 1 1 1 137 B2 Mortgages Payable 19,538,243 19,538,243					1
120 Accrued Property Taxes 24,568 121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 127 B1 Loans Payable-Equipment 1 128 Name of Lender 1 1 129 Purpose 1 1 130 Amount 1 1 131 Date Due 1 1 133 Name of Lender 1 1 134 Purpose 1 1 135 Amount 1 1 1 136 Date Due 1 1 1 1 137 B2 Mortgages Payable 19,538,243 1 1	_				
121 Accrued Debt Interest 148,456 122 Accrued CLO - Current 58,196 123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1,637,588 127 B1 Loans Payable-Equipment 1,637,588 128 Name of Lender 1 129 Purpose 1 130 Amount 1 131 Date Due 1 132 Name of Lender 1 133 Name of Lender 1 134 Purpose 1 135 Amount 1 136 Date Due 1 137 B2 Mortgages Payable 19,538,243			· · · · ·		1
I22 Accrued CLO - Current 58,196 I23 Deferred CLO Gain/Loss 65,590 I24 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 I25 Total Brought Forward 1,637,588 I26 Long-Term Liabilities 1,637,588 I27 B1 Loans Payable-Equipment 1 I28 Name of Lender 1 I29 Purpose 1 1 I30 Amount 1 1 I31 Date Due 1 1 I33 Name of Lender 1 1 I34 Purpose 1 1 I35 Amount 1 1 I36 Date Due 1 1 I37 B2 Mortgages Payable 19,538,243	_			-	1
123 Deferred CLO Gain/Loss 65,590 124 A13 Total Current Liabilities Lines A1 thru 12) 1,637,588 125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1,637,588 127 B1 Loans Payable-Equipment 1,637,588 128 Name of Lender 1 129 Purpose 1 130 Amount 1 131 Date Due 1 132 Name of Lender 1 133 Name of Lender 1 134 Purpose 1 135 Amount 1 136 Date Due 1 137 B2 Mortgages Payable 19,538,243					1
124A13Total Current Liabilities1,637,588125Total Brought Forward1,637,588126Long-Term Liabilities1,637,588127B1Loans Payable-Equipment1128Name of Lender1129Purpose1130Amount1131Date Due1132Name of Lender1133Name of Lender1134Purpose1135Amount1136Date Due1137B2Mortgages Payable19,538,243	123			65,590	
125 Total Brought Forward 1,637,588 126 Long-Term Liabilities 1 127 B1 Loans Payable-Equipment 1 128 Name of Lender 1 1 129 Purpose 1 1 130 Amount 1 1 131 Date Due 1 1 132 1 1 1 1 133 Name of Lender 1 1 1 133 Name of Lender 1	124	A13	Total Current Liabilities Lines A1 thru 12)		1,637,588
126 Long-Term Liabilities 127 B1 Loans Payable-Equipment 128 Name of Lender 129 Purpose 130 Amount 131 Date Due 132 Image: Constraint of Lender 133 Name of Lender 134 Purpose 135 Amount 136 Date Due 137 Image: Constraint of Lender 138 B2 Mortgages Payable	125		Total Br	ought Forward	
128 Name of Lender 129 Purpose 130 Amount 131 Date Due 132 Image: Constraint of Lender 133 Name of Lender 134 Purpose 135 Amount 136 Date Due 137 Image: Constraint of Lender 138 B2 Mortgages Payable 19,538,243	126	Long			
129 Purpose 130 Amount 131 Date Due 132 Image: Constraint of Lender 133 Name of Lender 134 Purpose 135 Amount 136 Date Due 137 Image: Constraint of Lender 138 B2 Mortgages Payable 19,538,243	127	B1			
130 Amount 131 Date Due 132 Image: Constraint of the second s	128		Name of Lender		
131 Date Due 132					
132 133 Name of Lender 134 Purpose 135 Amount 136 Date Due 137 138 138 B2 Mortgages Payable 19,538,243					
133 Name of Lender 134 Purpose 135 Amount 136 Date Due 137 138 138 B2 Mortgages Payable 19,538,243			Date Due		
134 Purpose 135 Amount 136 Date Due 137 138 138 B2 Mortgages Payable 19,538,243					
135 Amount 136 Date Due 137					
136 Date Due 137 138 B2 Mortgages Payable 19,538,243					
137 138 B2 Mortgages Payable 19,538,243	_				
138 B2 Mortgages Payable 19,538,243	_		Date Due		
[139] B3 Loans from Owners or Related Parties (12,305,080)					
		B3	Loans from Owners or Related Parties		(12,305,080)

	А	В	С	D	Е
	Э.	D	C C	Intercompay	L
140	Page		Name and Address of Lender	Revolver - SSC	
141	P		Amount	(12,305,080)	
142			Loan Date	(12,000,000)	
143					
144			Name and Address of Lender		
145			Amount		
146			Loan Date		
147					
148		B4	Other Long-Term Liabilities (itemize)		1,637,847
149			Long Term Res. PL/GL Post Petition Claims	312,338	<i>, , ,</i>
150			Long Term Res. Workers Comp Post Petition	357,948	
151			Long Term Deferred CLO Gain/Loss	1,145,418	
152			Long Term Deferred Income	(177,858)	
153		B5	Total Long-Term Liabilities (Lines B1 thru 4)		8,871,010
154		С	Total All Liabilities (Lines A13 + B5)		10,508,598
155					
156		Reserv	ves		
157		A1	Reserve for value of leased land		
			Reserve for depreciation value of leased buildings		
158		A2	and appurtenances to be amortized		
		• •	Reserve for depreciation value of leased personal		
159		A3	property (Equity)		
		. .	Reserve for leasehold real properties on which fair		
160		A4	rental value is based		
161		A5	Reserve for funds set aside as donor restricted		
162	35	A6	Total Reserves		0
163	Page 35	Net W	orth		
164	Р	B1	Owner's Capital		
165		B2	Capital Stock		
166		B3	Paid-in Surplus		
167		B4	Treasury Stock		
168		B5	Cumulated Earnings		10,022,773
169		B6	Gain or Loss for Period 10/1/2016 thru 09/30/2017		(345,829)
170		B7	Total Net Worth		9,676,944
171		С	Total Reserves and Net Worth		9,676,944
172		D	Total Liabilities, Reserves, and Net Worth		20,185,542
173					
174		А	Balance at End of Prior Period		
175		В	Total Revenue		
176		С	Total Expenditures		
177		D	Net Income or Deficit		
178		E	Balance		
179		F1	Additional Capital Contributed (itemize)		
180					
181					
182					
183					
184		F2	Other (itemize)		
185					
186					
187					
188	2				
189	Page 36	F3	Total Additions		0
190	'ag'	G1	Drawings of Owners/Operators/Partners		
191	ł		Name and Address		
192			Title		
193			Amount		
194					
195			Name and Address		
196			Title		
197			Amount		
198		G2	Other Withdrawings		
199			Purpose		
200			Amount		
201					
202			Purpose		
203			Amount		
204		G3	Total Deductions		
205		Н	Balance at End of Period		0
200			-		

State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2017

Name of Facility (as licensed)		
Bride Brook Health and Rehabilitation Center		
Address (No. & Street, City, State, Zip Code)		
23 Liberty Way, Niantic, CT 06357		
Type of Facility		
Chronic and Convalescent ☑ Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017	

License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider 07-5375
Medicaid Provider Numbers:	CC	CNH	RHNS	ICF-IID
	2082-C			

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

Table of Contents

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
Sche	dule of Resident Statistics	8
Sche	dule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C. C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

nme of Facility (as licensed) ide Brook Health and Rehabilitation Center		No. Repor	t for Year Ended	Page of
	2082-C	-		1 37
Admini MISREPRESENTATION OR FALSIF COST REPORT MAY BE PUNISHAF FEDERAL LAW.	ICATION		ON CONTAINED IN	
I HEREBY CERTIFY that I have read Cost Report and supporting schedules p name], for the cost report period beginn the best of my knowledge and belief, it and records of the provider(s) in accord	prepared for ning Octobe is a true, c	r Bride Brook Health an er 1, 2016 and ending Se prrect, and complete sta	d Rehabilitation Cent eptember 30, 2017, ar	ter [facility and that to
I hereby certify that I have directed the pre Schedule of Resident Statistics, Statements Balance Sheet of this Facility in accordanc year ended as specified above.	s of Reporte	d Expenditures, Statemen	ts of Revenues and the	related
I have read this Report and hereby certimy knowledge under the penalty of perpresented in this Report as a basis for s residents were incurred to provide residents recorded have been retained as required request.	jury. I also ecuring rein lent care in	certify that all salary as nbursement for Title XI this Facility. All suppo	nd non-salary expense IX and/or other State orting records for the e	es assisted expenses
and (Administrator)	Data	Signal (Oppgar)		Data
gned (Administrator) A Administrator is not responsible for Cost Rep	Date	Signed (Owner)		Date
inted Name (Administrator)		Printed Name (Owne Chris S. Stenger, SV SavaSeniorCare Adr	P, Operations Finance	on behalf of Brid Brook Health & Rehab
bscribed and Sworn State of	Date	Signed (Notary Publ		Comm. Expires
before me:				/ /

General Information

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment					of
				Page 1A	37
Name of Facility		Period Cov	ered:	From	То
Bride Brook Health and Rehabilitation Center				10/1/2016	9/30/2017
Address of Facility 23 Liberty Way, Niantic, CT 06357					
Report Prepared By Margaret Philen		Phone Num 832-467-62		Date 2/12/2018	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Fac 860-739-4007	cility Report for Year Er 9/30/2017	nded Page 2	of 37
Name of Facility (as shown on license)	Address (No	o. & Street, City, State, Z	Cip)	
Bride Brook Health and Rehabilitation Center		Way, Niantic, CT 06357		
ССМН	RHNS	(Specify)		Provider No.
License Numbers: 2082-C			07-5375	
Type of Facility (Check appropriate box(es))				
☑ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Supervision only		cify)	
Type of Ownership (Check appropriate box)				
O Proprietorship O LLC O Partnership	O Profit Corp.	O Non-Profit Corp.	O Government	O Trust
If this facility opened or closed during report year provide	le:	Date Opened Date	e Closed	
Has there been any change in ownership or operation during this report year?	O Yes	⊙ No If "Y	Yes," explain full	у.
Administrator				
Name of Administrator		Nursing Home		
Lisa Mailloux		Administrator's	1992	
		License No.:		
Other Operators/Owners who are assistant administrators Name	s (full or part time)) of this facility. License No.:		
ivame		License no		

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Bride Brook Health and Rehab	ilitation Center	2082-C	9/30/2017		3 37
Legal Name of Partnership/LLC		Business Address		State(s) and/or Town(s) in Which Registered	
See attached					
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned
see attached					

General Information and Questionnaire Corporate Owners

Name of Facility	License No. Report for Year Ended			Page of	
Bride Brook Health and Rehabilitation Cente		9/30/2017		3A 37	
If this facility is owned or operated as a corpo					
Legal Name of Corporation	Busines	ss Address	State(s) in Which Incorporate		
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each	
Names of Stockholders Owning at Least 10% of Shares					

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017	3B 37
If this facility is owned or operated as an individua	l proprietorship,	provide the following information	tion:
Own	ner(s) of Facility		

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
Bride Brook Health and	Rehabilitation Center		2082-С		9/30/2017		4	37
Are any individuals rece	eiving compensation from the fa	ocility re	lated th	rough		If "Yes," provide th	o Namo/Ad	drass and
•	rol, ownership, family or busine	•		•	Yes O No	· 1		age 11 of the report.
marriage, ability to com	for, ownership, failing of busine				Tes Ono	complete the mon		ige 11 of the teport.
Are any individuals or c	ompanies which provide goods	or serv	ices,					
including the rental of p	roperty or the loaning of funds	to this f	acility,					
	ssociation, common ownership			siness	• Yes • No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
	*					· •	0	
		Als	so Provi	des		Indicate Where		
		Good	ls/Servi	ces to		Costs are Included		
Name of Related	Business	Non-F	Related	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
SSC Administrative Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	0	•		Back Office Services	Page 16/C.1.m.12	650,894	650,894
SSC consulting Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	0	\odot		Consulting	Page 16/C.1.m.12	227,537	227,537
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

* Use additional sheets if necessary.** Provide the percentage amount of revenue received from non-related parties.

State of Connecticut Annual Report of Long-Term Care Facility CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of					
Bride Brook Health and Rehabilitation Center	2082-C		9/30/2017	5	37					
If the facility is licensed as CDH and/or RCH or	-	IDS or TB	I services with special Medicai	d rates, cos	sts					
must be allocated to CCNH and RHNS as follow	ws:									
Item		Method of Allocation								
Dietary			f meals served to residents							
Laundry			f pounds processed							
Housekeeping			f square feet serviced							
			f hours of routine care provided	•						
Nursing		· ·	classification, i.e., Director (or	U U						
		Ũ	Nurses, Licensed Practical Nu	rses, Aides	and					
		Attendants								
Direct Resident Care Consultants			hours of resident care provided	1 by EACH	ł					
			(See listing page 13)							
Maintenance and operation of plant		Square fee								
Property costs (depreciation)		Square fee								
Employee health and welfare		Gross salar								
Management services		<u> </u>	te cost center involved							
All other General Administrative expenses			irect and Allocated Costs							
The preparer of this report must answer the follo	owing quest	ions applic								
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocation	n was					
costs allocated as required?	0 105	• 110	not made.							
2. Explain the allocation of related company ex	penses and	attach copy	v of appropriate supporting data							
3. Did the Facility appropriately allocate and se			÷	me cost ce	nters?					
(e.g., Assisted Living, Home Health, Outpati	ent Services	s, Adult Da	y Care Services, etc.)							
	• Yes	O No	If "No," explain fully why such not made.	h allocatio	n was					

State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Y	ear Ended		Page of
Bride Brook Health and Rehabilitation Center	er		2082-C	9/30/2017			6 37
		ed * to					
		ners,					
	Oper					Annual	
	Offi			Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? O Yes	0	No	Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitat 2082-C	9/30/2017	$\begin{array}{c c} 1 & age \\ \hline 7 & 37 \end{array}$
The records of this facility for the period covered by this		
• Accrual • Cash • Modified Cash		
Is the accounting basis for this		
period the same as for the • Yes	If "No," explain.	
previous period? O No		
Independent Accounting Firm		
Name of Accounting Firm	Address (No. & Street, City, State, Z	in Code)
1	riddiess (110. & Street, City, State, 2	ip code)
2		
3		
4		
Services Provided by This Firm (describe fully)		
1		\$
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$
Are These Charges Reflected in the Expenditure Portion of This Ro	eport? If Yes, Specify Expense Classification and Line	
O Yes O No		
Legal Services Information		
Name of Legal Firm or Independent Attorney		Telephone Number
1		
2		
3		
4		
5		
Address (No. & Street, City, State, Zip Code)		
2 3		
4		
5		
Services Provided by This Firm (<i>describe fully</i>)		
1		\$
2		\$
3		\$
4		\$
5		\$
<u> </u>		Charge for Services Provided
		-
Are These Charges Reflected in the Expanditure Portion of This P.	enort? If Yes Specify Expense Classification and Line 1	\$\$
 Are These Charges Reflected in the Expenditure Portion of This Reflected in the Expenditure Porti	eport? If Yes, Specify Expense Classification and Line 2	

Schedule of Resident Statistics

Name of Facility			License N				-	or Year Ende	d		Page 8	of
Bride Brook Health and Rehabilitation Center			20	82-C	9/30/2017							37
						Period 10/	'1 Thru 6/	30		Period 7/	1 Thru 9/3	50
		Total	Total	T 1								
	Total All Levels	CCNH Level	RHNS	Total	T- (-1	CCNH	DING	(C	T- (-1	CCNH	RHNS	(C
1 Cardificat Dest Caraccider	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CUNH	KHNS	(Specify)
 Certified Bed Capacity On last day of PREVIOUS report period 	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	121	121			121	121			121	121		
B. As of midnight of THIS report period	123	123			121	121			123	123		
3. Total Number of Days Care Provided During Period												
A. Medicare	11,220	11,220			8,546	8,546			2,674	2,674		
B. Medicaid (Conn.)	25,931	25,931			19,661	19,661			6,270	6,270		
C. Medicaid (other states)												
D. Private Pay	4,043	4,043			2,866	2,866			1,177	1,177		
E. State SSI for RCH												
F. Other (Specify) VA/Private/Hospice	3,664	3,664			2,618	2,618			1,046	1,046		
G. Total Care Days During Period (3A thru F)	44,858	44,858			33,691	33,691			11,167	11,167		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	44,858	44,858			33,691	33,691			11,167	11,167		

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

			Sch	nedu	ule of	Res	sideı	nt S	tatis	stics (Cont'd)		
Name of Faci	ility			Licer	nse No.				Repor	t for Year	Ended		Page	of
	-	nd Reha	bilitation Cente	20	082-C				•	9/30/201	7		9	37
			in the certified l llowing informa		pacity du	ring t	he repo	ort yea	r?	0	Yes	0	No	
		Place of	f Change		Cl	nange	in Bed	S		Ca	pacity Afte	er Change		
Date of		RHNS	(Specify)		Lost	0	1	Gaine	d			0		
Charter														
Change	(1) (2) (3) (1) (2) (3) (1) (2) (3) CCNH RHNS (Speci										(Specify)	Reason f	or Change	
	-	-	in certified bed 90 days followii	-		g the r	eport y	ear (as	s repor	ted in iten	n 4 above)	provide the nur	nber of	
			Change in R	esider	nt Days					CC	CNH	RHNS	(Spe	ecify)
1st chan	-													
2nd char 3rd char	_													
4th char	-													
		dents an	d Rates on Sept	ember	30 of Co	st Ye	ar							
			Medicare		Medi					Se	elf-Pay		Other Sta	te Assisted
	Item		CCNH	С	CNH	RI	HNS	CC	CNH	RHNS (Specify)		(Specify)	R.C.H.	ICF-MR
No. of R		8												
Per Dier														
a. One														
b. Two														
c. Three bed		e												
Deu	ms.													
	umber of Medica	•	al Therapy Trea	tment	8					ТО	TAL 169,498	CCNH 169,498	RHNS	(Specify)
			lusive of Part B)								109,498	109,498		
D.			e Treatments											
			Treatments											
	Other													
			Therapy Treat								169,498	169,498		
		-	Therapy Treatr	nents										
	Medica		t B lusive of Part B)								55,641	55,641		
D.			e Treatments											
			Treatments											
C.	Other													
D.	Total S	Speech T	Therapy Treatm	ents							55,641	55,641		
			ational Therapy	Treat	ments									
	Medica										237,207	237,207		
B.			lusive of Part B)											
<u> </u>			e Treatments Treatments											
С	2. Res	lorative	reatments											
		Occupat	ional Therapy T	reatn	nents						237,207	237,207		ļ

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	r Ended	Page	of 27			
Bride Brook Health and Rehabilitation Center	2082-C		9/30/2017		10	37			
Are time records maintained by all individuals receiving co	mpensation?	0	Yes		No				
		Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours			
A. Salaries and Wages*	cerui	Hours	Idinto	Hours	(=111)	Hour			
1. Operators/Owners (Complete also Sec. I									
of Schedule A1)									
2. Administrator(s) (Complete also Sec. III									
of Schedule A1)	112,769	2,103							
3. Assistant Administrator (Complete also Sec. IV									
of Schedule A1)									
4. Other Administrative Salaries (telephone									
operator, clerks, receptionists, etc.)	333,977	14,763							
 Dietary Service Head Dietitian 									
b. Food Service Supervisor									
c. Dietary Workers	330,857	24,894							
6. Housekeeping Service		.,							
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	62,401	2,080							
b. Other Maintenance Workers	41,289	2,119							
8. Laundry Service a. Supervisor									
b. Other Laundry Workers									
9. Barber and Beautician Services									
10. Protective Services									
11. Accounting Services									
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	204,978	4,160							
b. RN									
1. Direct Care	1,840,553	48,575		-					
2. Administrative** c. LPN	235,030	6,024							
1. Direct Care	722,115	23,187							
2. Administrative**	92,424	2,605							
d. Aides and Attendants	1,502,207	92,141							
e. Physical Therapists	539,004	14,426							
f. Speech Therapists	105,194	2,451							
g. Occupational Therapists	397,680	11,967							
h. Recreation Workers	123,054	5,942							
i. Physicians									
Medical Director Utilization Review									
3. Resident Care***	+								
4. Other (Specify)									
·····									
j. Dentists									
k. Pharmacists									
1. Podiatrists									
m. Social Workers/Case Management	128,405	4,592		ļ					
n. Marketing									
o. Other (Specify)		1 002							
See Attached Schedule A-13. Total Salary Expenditures	77,677 6,849,614	2,882 264,910	<u> </u>						

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Bride Brook Health and Rehabilitation Center 9/30/2017

Schedule of Other Salaries and Wages (Page 10)

	СС	NH	RH	INS	(Specify)			
Position	\$	Hours	\$	Hours	\$	Hours		
Medical Records Supervisor	\$ 62,389	2,015						
Wheelchair Transport Driver	\$ 15,288	867						
						-		
Total	\$ 77,677	2,882	\$ -	-	\$ -	-		

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
Total	\$-	-	\$-	-	\$ -	-	

Attachment Page 10/13

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility				License No.			Year Ended		Page	of
Bride Brook Health and Rehabilit	ation Center	r		2082-C		9/30/2017	I car Endeu		11 11	37
Bride Brook Health and Reliability		Salary Pai	d			9/30/2017		11	51	
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Bride Brook Health and Rehabilita	tion Center			2082-C	9/30/2017		12	37		
		Salary Pai	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Lisa Mailloux	112,769				Administrative responsibilities over day to day operations	2,103	A.2	N/A		
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Jame of Facility Bride Brook Health and Rehabilitation Center	License No. 2082	2-C	Report for Year Ended 9/30/2017 Total Cost and Hours		Page 13	of 37
	2001				15	57
		1012				
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee					(~p****)	
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	2,732					
3. Pharmacist	11,640					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	50,193					
b. Other	,					
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	156,000					
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	14,381					
d. Administrative Services facility	1,001					
1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care	1,752					
b. Other	1,752					
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,870					
2. Administrative***	2,362					
b. LPN	2,302					
1. Direct Care						
2. Administrative***			+			
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
2-13 Total Fees Paid in Lieu of Salaries	242,929					

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Name of Facility License No. Report for Year Ended Page of Bride Brook Health and Rehabilitation Center 2082-C 9/30/2017 14 37 Related** to Owners, Name & Address of Individual Full Explanation of Service Operators, Officers Explanation of Relationship Yes No Ο Ο Ο Ο 0 Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο 0 Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο 0 0 0

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License		Report for Y	ear Ended	Page	of
Bride Brook Health and Rehabilitation Center 208	82-C	9/30/2017		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	390,002	390,002		
2. Disability Insurance	\$,	,		
3. Unemployment Insurance	\$	113,684	113,684		
4. Social Security (F.I.C.A.)	\$	506,489	506,489		
5. Health Insurance	\$	234,491	234,491		
6. Life Insurance (employees only)	· · · ·		,		
(not-owners and not-operators)	\$	4,976	4,976		
7. Pensions (Non-Discriminatory)	\$				
(not-owners and not-operators)					
8. Uniform Allowance	\$	4,405	4,405		
9. Other (<i>Specify</i>)	\$		5,197		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	180,368	180,368		
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page	e 7) \$	20,153	20,153		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	28,710	28,710		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	29,317	29,317		
2. Cellular Phones	\$	1,727	1,727		
i. Appraisal (Specify purpose and	\$				
attach copy)*					
j. Corporation Business Taxes (franchise tax)	\$	550	550		
k. Other Taxes (Not related to property - See Page 2	22)				
1. Income*	\$				
2. Other (<i>Specify</i>)	\$	33,679	33,679		
See Attached Schedule					
3. Resident Day User Fee	\$	730,362	730,362		
Subtotal	\$	2,284,111	2,284,111		

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

Bride Brook Health and Rehabilitation Center 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH		RHNS	(Specify)
Employee Innoculations and Physicals	\$	5,197		
	ф.	5 107	ф.	
Total	\$	5,197	\$-	\$ -

Schedule of Other Taxes

Description	0	CCNH RHNS		NH RHNS		fy)
Sales Tax	\$	33,679				
Total	\$	33,679	\$	-	\$	-

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Bride Brook Health and Rehabilitation Center	2082-C		9/30/2017		16	37
Item			Total	CCNH	RHNS	(Specify)
Subto	otals Brought Forwa	rd:	2,284,111	2,284,111		- ·
1. Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	14,682	14,682		
4. Employee Travel		\$	3,635	3,635		
5. Education Expenses Related to Seminars		\$	16,562	16,562		
6. Automobile Expense (not purchase or de	epreciation)	\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such experi-	ises)	\$	13,906	13,906		
2. Advertising Telephone Directory (all suc	ch expenses)***	\$				
3. Advertising Other (<i>Specify</i>)***		\$	16,224	16,224		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$	300	300		
6. Barber and Beauty Supplies (if this service	ce is supplied	\$	1,912	1,912		
directly and not by contract or fee for ser	vice)***					
7. Postage		\$	4,195	4,195		
* 8. Dues and Membership Fees to Profession	nal	\$	13,106	13,106		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non	n-Allowable Org.***	\$	1,241	1,241		
9. Subscriptions		\$	1,365	1,365		
10. Contributions***		\$	25	25		
See Attached Schedule						
11. Services Provided by Contract (Specify a	nd Complete	\$	51,875	51,875		
Schedule C-2, Page 21 for each firm or it	ndividual)					
12. Administrative Management Services**		\$	758,992	758,992		
13. Other (<i>Specify</i>)		\$	1,767,832	1,767,832		
See Attached Schedule						
C-14 Total Administrative & General Expenditur	es	\$	4,949,962	4,949,962		

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

-	\$ -	\$	-
	 - \$	- \$ -	- \$ - \$

Schedule of Other Advertising

Description	(CCNH	R	HNS	(Speci	fy)
Unallowable Advertising adjusted off report on Adjustment page 28	\$	16,224				
Total Other Advertising	\$	16,224	\$	-	\$	-

Schedule of Dues

Description	CCNH	R	HNS	(Spe	cify)
Connecticut Assn of HC Facilities	\$ 8,463				
AMDA	\$ 506				
Curaspan	\$ 2,926				
Professional Dues	\$ 1,211				
Total Dues	\$ 13,106	\$	-	\$	-

Schedule of Contributions

Description	C	CNH	R	HNS	(Sp	ecify)
Donations	\$	25				
Total Contributions	\$	25	\$	-	\$	-

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Spe	ecify)
Director & Trustee Fees	\$ 9	52		
Staff Meetings	\$ 4	56		
Employee Background Screening	\$ 9,0	59		
Licenses	\$ 8	88		
Fees and Surety Bonds	\$ 1,8	05		
Bank Charges	\$ 16,9	57		
Memoriam/Benevolence	\$ 9	57		
Lost Resident Property	\$ 14	43		
Interest Expense	\$ 1,736,5	95		
Total Other Administrative and General	\$ 1,767,8	32 \$ -	\$	-

Name of Facility	License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitation Ce		9/30/2017	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
SSC Administrative Svc, LLC, One	650,894	Back Office Services	Page 16, line C.1.m.12
Ravinia Dr., Ste. 1500, Atlanta, GA			
30346			
SSC Consulting Svc, LLC, One Ravinia	227,537	Consulting	Page 16, line C.1.m.12
Dr., Ste. 1500, Atlanta, GA 30346			

Schedule C-1 - Management Services*

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

			ote o	n Page	e 5)			
	ne of Facility		Licens			Report for Y		Page of
Bric	le Brook Health and Rehabilitation Center			2082-С		9/30/2017	1	18 37
	Item			To	al	CCNH	RHNS	(Specify)
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		5		5,596	5,596		
	2. Non-Food Supplies		9		6,620	6,620		
	3. Other (<i>Specify</i>)		_ {		2,798	2,798		
	Lease							
	b. Purchased Services (by contract other		9	44	6,764	446,764		
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		•	;				
<u> </u>	d. Other (<i>Specify</i>)		5					
	2. • • • • • • • • • • • • • • • • • • •		- '					
2E.	Total Dietary Expenditures (2a + b + c + d)		9	46	51,777	461,777		
					,			
2F.	Dietary Questionnaire			To	al	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served pe	r da	v.*					
U.	Is cost of employee meals included in 2E?		Yes		0	No		
I.	Did you receive revenue from employees?	۲	Yes		0	No	If yes, specify amt.	\$691
J.	Where is the revenue received reported in the	e Co	st Repo	rt? (Page	/Line	Item)		Page 30, IV.1.
	Is cost of meals provided to persons other		1	× 0		,		
K.	than employees or residents (i.e., Board	0	Yes		\odot	No	If yes, specify	
	Members, Guests) included in 2E?	Ū	105		Ū	110	cost.	
L.	Is any revenue collected from these people?	0	Yes		٥	No	If yes, specify amt.	
M.	Where is the revenue received reported in the	Co	st Reno	1? (Page	/Line	Item)		
	Is cost of food (other than meals, e.g.,	20	po					
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes		۲	No	If yes, specify cost.	
О.	Is any revenue collected from employees?	0	Yes		۲	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Co	st Repo	rt? (Page	/Line	Item)		
				· · · · · · · · · · · · · · · · · · ·		· /		

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs (See Note on Page 5)

	of Facility Brook Health and Rehabilitation Center	License	No. 082-C	Report for Y 9/30/2017	ear Ended	Page of 19 37
Bride	Brook Health and Kenabilitation Center	2	082-C	9/30/2017		19 57
	Item		Total	CCNH	RHNS	(Specify)
	Laundry I. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs. Amt. \$	1,574	1,574		
	 washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.				
	processed.***	Amt. \$				
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs. Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs. Amt. \$	14,218	14,218		
	 Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) 	\$	215,686	215,686		
	 Management Services** Other (Specify) 	\$ \$				
	Cotal Laundry Expenditures (3a + b + c + d)	\$	231,478	231,478		
	Laundry Questionnaire s cost of employee laundry included in 3E? O	Yes	۲	No	If yes, specify cost.	
Н. І	Did you receive revenue from employees? O	Yes	\odot	No	If yes, specify amt.	
I. \	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	
	s Cost of laundry provided to persons other han employees or residents included in 3E?	Yes	۲	No	If yes, specify cost.	
	5 1 1	Yes		No	If yes, specify amt.	
	Where is the revenue received reported in the Cost			(Page/Line	Item)	

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Pounds of Laundry only required for multi-level facilities.

C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care Basis for Allocation of Costs (See Note on Page 5)

Name of Facility Lic	ense No.	Repo	ort for Year E	nded	Page	of
Bride Brook Health and Rehabilitation Center	2082-С		9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping Sq.	Ft. Serviced					
a. In-House Care by	Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	19,677	19,677		
pails, brooms, etc.)						
b. Purchased Services (by contract other sq.	Ft. Serviced					
than through Management Services) by	Personnel					
(Complete Schedule C-2 att.	Amt.	\$	249,626	249,626		
Page 21)						
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b +	-c+d)	\$	269,303	269,303		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	294,379	294,379		
b. Medicine Cabinet Drugs		\$	18,995	18,995		
c. Medical and Therapeutic Supplies		\$	139,885	139,885		
d. Ambulance/Limousine***		\$	12,900	12,900		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	17,425	17,425		
f. X-rays and Related Radiological		\$	39,992	39,992		
Procedures***						
g. Dental (Not dentists who should be include	ed under	\$				
salaries or fees)						
h. Laboratory***		\$	58,836	58,836		
i. Recreation		\$	4,744	4,744		
j. Other (Specify)****		\$	246,004	246,004		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5j)		\$	833,160	833,160		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Bride Brook Health and Rehabilitation Center 9/30/2017

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Supplies	\$ 162,411		
Incontinent Supplies	\$ 62,006		
Lease Expense - Nursing	\$ 363		
Minor Equipment Purchase - Nursing	\$ 21,223		
Total Other Resident Care	\$ 246,004	\$-	\$ -

Report of Expenditures Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility Bride Brook Health and Rehal	oilitation Center			License No. 2082-C	Report for Year Ende 9/30/2017	d			Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility License No).	Report for Ye	ear Ended		Page of
Bride Brook Health and Rehabilitation Center 2082-C	2	9/30/2017			22 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	180,667	180,667		
b. Heat	\$	67,455	67,455		
c. Light & Power	\$	139,579	139,579		
d. Water	\$	62,875	62,875		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	13,064	13,064		
f. Other (<i>itemize</i>)	\$	92,455	92,455		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	556,096	556,096		
7. Depreciation (<i>complete schedule page 23</i> *)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$	1,036,460	1,036,460		
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	28,570	28,570		
*7e. <i>Total Depreciation Costs</i> (7a + b + c + d)	\$	1,065,029	1,065,029		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. <i>Total Amortization Costs</i> (8a + b + c + d)	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$	(26,669)	(26,669)		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	99,336	99,336		
c. Personal property taxes	\$	8,849	8,849		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,146,545	1,146,545		

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Supplies - Physical Plant	\$ 1,4	467	
Infectious Waste Disposal	\$ 3,4	179	
Garbage Service	\$ 20,5	525	
Contract Services - Periodic Maintenance	\$ 30,1	136	
Lease Expense - Equipment Physical Plant	\$ 2,2	215	
Lease Expense - Offsite Storage	\$ 12,7	741	
Minor Equipment Purchase-Physical Plant	\$ 7,1	173	
TV Cable/Dish	\$ 10,0)25	
Network WAN	\$ 4,6	595	
Total Other Repairs and Maintenance	\$ 92,4	455 \$ -	\$ -

.....

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility					License No.		incuare	Report for Year E	Ended		Page	of
Bride Brook Health and Rehabilitation Cent	er				2082	2-C		9/30/2017			23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements							-	-				
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period					1,637,419		1,637,419	1,530,165			43,579	
2. Disposals (attach schedule)												
	Ad Improvements Acquired prior to this report period Disposals (attach schedule) Acquired during this report period (attach schedule) total Iding and Building Improvements Acquired prior to this report period Disposals (attach schedule) Acquired during this report period Disposals (attach schedule) Acquired during this report period (attach schedule) Acquired prior to this report period Disposals (attach schedule) Acquired prior to this report period Disposals (attach schedule) Acquired during this report period Disposals (attach schedule) Acquired during this report period (attach schedule) total Is a mileage logbook maintained? Motor Vehicles (Specify name, model and year of each vehicle) a. Image: state schedule			19,850,713						992,881		
B-4. Subtotal												1,036,460
1. Acquired prior to this report period												
1												
	ch sch	edule)										
C-4. Subtotal												
	logt mainta	oook ained?	Acqu	isition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Mayable Equipment	res	NO	Month	Year	Lallu	value	Depreciated	Tears Operations	Depreciation	Life	for this real	Totals
1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c. d. 2. Movable Equipment												
a. Acquired prior to this report period					582,608		582,608	509,785			24,702	
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)					32,187						3,868	
D-3. Subtotal												28,570
E. Total Depreciation												1,065,029

Bride Brook Health and Rehabilitation Center 9/30/2017

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				-
Total additions for Land Impro	wements	\$ -		\$ -
Deletions:				
Total deletions for Land Impro	vements	\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

	0 I I 0 I		Useful			
ee attached list 10/11/2016 Total additions for	Description of Item	Cost	Life	Depreciation		
Additions:						
see attached list	various leasehold improvement	\$ 50,713	various	\$	2,662	
10/11/2016	Capital Lease	\$ 19,800,000	240	\$	990,000	
Total additions for	Building Improvements	\$ 19,850,713		\$	992,662	
Deletions:		+ > , +	-	+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total deletions for	Building Improvements	\$ -		\$	-	

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Fotal additions for	Non-Movable Equipment	\$ -		\$ -
Deletions:				
Fotal deletions for N	Non-Movable Equipment	\$ -		\$ -
*Ties to Page 23, I	Line C3	φ -		Ψ

**Ties to Page 23, Line C2

6 1

Schedule of Movable Equipment Acquired during this report period

			Useful			
Acquisition Date	Description of Item	Cost	Life	Dep	Depreciation	
Additions:						
see attached list	Various	\$ 32,187	various	\$	3,868	
				_		
				_		
Total additions for	· Movable Equipment	\$ 32,187		\$	3,868	
		\$ 32,187		э	5,606	
Deletions:				_		
Total deletions for	Movable Equipment	\$ -		\$	-	

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

			Useful				
Acquisition Date	Description of Item	Cost	Life	Depreciation			
Additions:							
Fotal additions for Leasehol	d Improvement	\$ -		\$ -			
Deletions:							
Fotal deletions for Leasehold	Improvement	\$ -		\$ -			

* Ties to Fage 24, Line C5 **Ties to Page 24, Line C2

State of Connecticut Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006

Amortization Schedule*

Nam	e of Facility			License No.		Report for Year Ended			Page	of
	e Brook Health and Rehabilitation Center					9/30/2017			24	37
					-	Accumulated				
		Date	e of			Amort. to				
		Acqui				Beginning of	Basis for			
		riequi	Shion			Deginning of	Dusis ion			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									
D.	Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility License N		Report for Year En	ded		Page of
Bride Brook Health and Rehabilitation 20	82-C	9/30/2017			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility	0	Yes	\odot	No	If "Yes," complete Part B.
or leased from a Related Party?*	11 6 11				If "No," complete Part C.
*If any owner or operator of this facility is relate business association to any person or organizati					
a related party transaction.		bundings are leased, in	en it is considered		
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purcha	ise				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		130			
6. Square Footage 7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing		0.0			
a. Type of Financing (e.g., fixed, varia	ble)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years))				
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _					
Complete if Mortgage was Refinance	1				
During Current Cost Year	1.				
g. Type of Financing (e.g., fixed, varia	ole)				
h. Date of Refinancing i. New Interest Rate					
j. Term of Mortgage (number of years))				
k. Amount of Principal Borrowed)				
1. Principal Outstanding on Note Paid-	Off				
Part C - Arms-Length Leases for Rea		mprovements Only	y	1	
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SMV Niantic, Inc.	Land and E	Building			

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility License No.		Report for Ye		Page of	
Bride Brook Health and Rehabilitatio 2082-C		9/30/2017			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movab	ole				
Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender		-			
B. CHEFA Loan Information		-			
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5	5) \$				

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of FacilityLicenseBride Brook Health and Rehabilita208	No. 32-C		Report for Year Ended 9/30/2017			Page of 27 37
BIIDE BIOOK HEAITH AND KENADINTA 200	52-C		9/30/2017			21 31
Item			Total	CCNH	RHNS	(Specify)
Subt	totals Brou	ight Forward:				
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender	1	1				
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Amount					
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Inte	rest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (<i>Specify</i>)		\$				
13. Total All Interest Expense (12B7 + 12	$2C3 + 12\Gamma$)) \$				
14. Insurance		γ Ψ				
a. Insurance on Property (buildings of	onlv)	\$	19,807	19,807		
b. Insurance on Automobiles	,	\$	19,007	19,007		
c. Insurance other than Property (as	specified a					
1. Umbrella (<i>Blanket Coverage</i>)						
2. Fire and Extended Coverage						
3. Other (<i>Specify</i>)	57,544	57,544				
Gen & Prof Liability, Crime/K						
14d. Total Insurance Expenditures (14a +	b+c)	\$	77,350	77,350		
15. Total All Expenditures (A-13 thru C-	14)	\$	15,618,215	15,618,215		

D. Adjustments to Statement of Expenditures

	e of Fa			Lic	cense No.	Report for Ye	ear Ended	Page	of
Bride	Broo	к Неа	Ith and Rehabilitation Center	<u> </u>	2082-C	9/30/2017		28	37
т.	ъ	. .			Total				
	Page				Amount of	CONT	DIDIG	(0	
	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - 5	alarıe	es and Wages	÷					
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.	10.1		Other - See attached Schedule	\$					
	13 - I		sional Fees	÷					
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
U	s 15 &	- 16	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.			Accounting & Legal	\$					
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.			Unallowable Advertising *	\$					
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$					
Page	18 - I	Dietar	y Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - I	aund	ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - I	Touse	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)						

* All except "Help Wanted".

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

⁽Carry Subtotal forward to next page)

Bride Brook Health and Rehabilitation Center 9/30/2017

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Salaries A	Adjustment	\$-	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	Fotal Other Fees Adjustments			\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er A&G Ad	justments	\$-	\$-	\$ -

Name of Facility License No. Report for Year Ended Page of 2082-C 9/30/2017 Bride Brook Health and Rehabilitation Center 29 37 Total Item Page Line Amount of No. No. Item Description Decrease CCNH RHNS No. (Specify) Subtotals Brought Forward \$ Page 20 - Resident Care Supplies*** Prescription Drugs 27. \$ 28. Ambulance/Limousine \$ 29. \$ X-rays, etc 30. \$ Laboratory \$ 31. Medical Supplies 32. Oxygen (non emergency) \$ 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ Rental of Building Space or Rooms \$ 38. 39 Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous 42. Research or Experimental Activities \$ 43. \$ Radio and Television Revenue 44. Vending Machine Revenue \$ 45. \$ Purchase Discounts and Allowances 46. Duplications of functions or services \$ 47 Expenditures made for the protection, enhancement or promotion of the providers interest \$ \$ 48. Interest Income on Accounts Rec 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only Building/Non Movable Eq. Depreciation 50. Unallowable Building Interest -See Attached Schedule \$ 51. Total Amount of Decrease (Items 1 - 50) \$

D. Adjustments to Statement of Expenditures (cont'd)

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Bride Brook Health and Rehabilitation Center 9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Ancillary	Costs	\$-	\$-	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)	
Total Exce	Total Excess Movable Equipment Depreciation \$ - \$ - \$ \$					

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustmo	ents	\$-	\$ -	\$ -

Schedule of Unallowable Building Interest

		Description	CCNH	RHNS	(Specify)
Total Unall	owable Bu	ilding Interest	\$ -	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

Jame of FacilityLicense No.Report for Year EndedBride Brook Health and Rehabilitation Cc 2082-C9/30/2017					Page of 30 37	
Bilde Brook Health and Kenabilitation Ct 2082-C						
Item		Total	CCNH	RHNS	(Specify)	
. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	21,214,928	21,214,928			
b. Medicaid Room and Board Contractual Allowance **	\$	(15,051,383)	(15,051,383)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	8,111,637	8,111,637			
b. Medicare Room and Board Contractual Allowance **	\$	(2,596,047)	(2,596,047)			
4. a. Private-Pay Residents and Other	\$	7,078,791	7,078,791			
b. Private-Pay Room and Board Contractual Allowance **	\$	(3,917,873)	(3,917,873)			
I. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	308,452	308,452			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(306,892)	(306,892)			
c. Prescription Drugs - Non-Medicare	\$	116,348	116,348			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(97,385)	(97,385)			
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	1,034,475	1,034,475			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(892,830)	(892,830)			
c. Physical Therapy - Non-Medicare	\$	176,225	176,225			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(153,450)	(153,450)			
4. a. Speech Therapy - Medicare	\$	238,069	238,069			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(192,093)	(192,093)			
c. Speech Therapy - Non-Medicare	\$	34,180	34,180			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(29,357)	(29,357)			
5. a. Occupational Therapy - Medicare	\$	1,150,448	1,150,448			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(953,554)	(953,554)			
c. Occupational Therapy - Non-Medicare	\$	169,037	169,037			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(146,207)	(146,207)			
6. a. Other (Specify) - Medicare	\$	(2,791)	(2,791)			
b. Other (Specify) - Non-Medicare	\$	(20,110)	(20,110)			
II. Total Resident Revenue (Section I. thru Section II.)	\$	15,272,620	15,272,620			
V. Other Revenue*						
1. Meals sold to guests, employees & others	\$	(691)	(691)			
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$				1	
5. Interest Income (<i>Specify</i>)	\$	115	115		1	
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$	956	956		1	
7. Total Other Revenue (1 thru 8)	\$	380	380		1	
VI. Total All Revenue (III +V)	\$				1	
1. 10001 Au Revenue (111 + v)	¢	15,272,999	15,272,999			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II.6.a	Medicare A Revenue Oxygen	\$ 2,971		
	Medicare A Revenue IV Therapy	\$ 46,877		
	Medicare A Revenue Laboratory	\$ 76,727		
	Medicare A Revenue X-Ray	\$ 27,457		
	Medicare Ancillary Revenue Contractual Adjustment	\$ (156,823)		
Total Oth	er Resident Revenue - Medicare	\$ (2,791)	\$-	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Oxygen - Medicaid, VA, HMO	\$ 5,942		
	IV Therapy - Medicaid, VA, HMO	\$ 6,708		
	Laboratory - VA, HMO	\$ 12,719		
	X-Ray - VA, HMO	\$ 6,978		
	Contractual Adjustments	\$ (52,457)		
Total Oth	er Resident Revenue	\$ (20,110)	\$-	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH		RHNS	(Specify)
	Interest Income Realty		\$	115		
Total Interest Income			\$	115	\$-	\$ -

Schedule of Other Revenue

Page Ref	Description	CC	NH	RHNS	(Specify)
	Miscellaneous Receipts	\$	956		
Total Othe	er Revenue	\$	956	\$-	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	
Bride Brook Health and Rehabi	litation 2082-C	9/30/2017	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in			\$	250,882
2. Resident Accounts Re	,	*	\$	919,379
3. Other Accounts Recei	vable (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	5,095
a. Prepaid Licenses/S	oftware	806		
b. Prepaid Insurances		(381)		
c. Prepaid Dues and S	Subscriptions	4,051		
d. Prepaid Deposits		619		
6. Interest Receivable			\$	
7. Medicare Final Settler	nent Receivable		\$	
8. Other Current Assets	(itemize)		\$	
			_	
			_	
			-	
A-9. Total Current Assets (Lin	nes A1 thru 8)		\$	1,175,355
B. Fixed Assets				i
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Deprecia	tion Net	Ť	
3. Buildings	*Historical Cost	21,488,132	\$	18,921,508
2. 201011.85	Accum. Deprecia		Ŷ	10,721,000
4. Leasehold Improveme		2,500,021 1100	\$	
4. Leasenoid improveme	Accum. Deprecia	tion Net	Ψ	
5. Non-Movable Equipm	Â		\$	
5. Ron-Movable Equipin	Accum. Deprecia	tion Net	Ψ	
6. Movable Equipment	*Historical Cost	614,796	\$	76,441
0. Wovable Equipment	Accum. Deprecia		φ	/0,441
7. Motor Vehicles	*Historical Cost	1011 538,335 Net	\$	
7. Wotor venicles		.:N	Ф	
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not	Depreciable		\$	
9. Other Fixed Assets (<i>it</i>	emize)		\$	3,515
Asset Clearing	,	3,515	ľ	- ,
		-,		
B-10. Total Fixed Assets (L	Lines B1 thru 9)		\$	19,001,464
=	,		Ψ	

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended	Page		of
Bride	e Br	ook Health and Rehabilitation	2082-C	9/30/2017	32		37
			Account		An	nount	
				Total Brought Forward:	\$	20,17	6,819
C.		asehold or like property record	led for Equity Purposes	5.			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation	n Net	\$		
I	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
		Minor Equipment-Not Depre			\$		
C-8	Tot	tal Leasehold or Like Propert	ties (C1 thru 7)		\$		
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		
		Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciation	Net	\$		
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	ent Care (itemize)		\$		
	6.	Loans to Owners or Related	Parties (itemize)		\$		
		Name and Address	Amount	Loan Date			
	7.	Other Assets (itemize)			\$ 		8,723
		Refundable Deposits		8,723			
		tal Investments and Other As	· · · · · · · · · · · · · · · · · · ·		\$ 		8,723
D-9.	To	tal All Assets (Lines A9 + B1	0 + C8 + D8)		\$	20,18	5,542

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Fac	cility		License No.	Report for Year	Ended	Page	of
Bride Brook	Heal	th and Rehabilitation Center	2082-C	9/30/2017		33	37
		ŀ	Account	•		Ar	nount
Liabilities							
А.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			9	5	533,884
	2.	Notes Payable (itemize)			9	5	
	3.	Loans Payable for Equipme	-		4	5	
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	of Owners and/or S	Stockholders only)	3	5	430,457
	5.	Accrued Payroll (Owners a	-		4 4		100,107
	6.	Accrued Payroll Taxes Pay			9		75,761
	7.	Medicare Final Settlement			9		,
	8.	Medicare Current Financin			9	5	
	9.	Mortgage Payable (Current	÷ ;		9		
		Interest Payable (Exclusive		elated Parties)	9		
		Accrued Income Taxes*	5	,	9		662
		Other Current Liabilities (i	temize)		4		596,823
		Utility Accruals		967 Accrued Property Tax			
		Accrued Insurances	14,2	218 Accrued Debt Interest	148,456		
		Accrued Ins PL/GL Post Petition	74,0	89 Accrued CLO - Curren	nt 58,196		
		Accrued Res Day User Fee	181,7	740 Deferred CLO Gain/L	oss 65,590		
A-13	. To	tal Current Liabilities (Line	es A1 thru 12)		9	6	1,637,588

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Bride Brook Health and Rehabilitation Cer	2082-C	9/30/2017		34	37
	A	Amount			
		1,637,588			
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	19,538,243
3. Loans from Owners or Rel	ated Parties (<i>itemize</i>)			\$	(12,305,080)
Name and Address of Lender	Amount	Loan D		+	(12,000,000)
		200012			
Intercompay Revolver -					
SSC	(12,305,080)				
550	(12,303,000)				
4. Other Long-Term Liability	(itamiza)			\$	1 627 947
Long Term Res. PL/GL Po		312,338	i i i	ቃ 	1,637,847
Long Term Res. Workers		312,338			
Long Term Deferred CLO	<u> </u>	1,145,418			
Long Term Deferred Incor		(177,858)			
B-5. Total Long-Term Liabilities ((177,050)		\$	8,871,010
C. Total All Liabilities (Lines A-				\$	10,508,598

G. Balance Sheet (cont'd) Reserves and Net Worth

D.	Total Liabilities, Reserves, and Net Worth	\$ 20,185,542
C.	Total Reserves and Net Worth	\$ 9,676,944
	7. Total Net Worth	\$ 9,676,944
	6. Gain or Loss for Period 10/1/2016 thru 9/30/2017	\$ (345,829)
	5. Cumulated Earnings	\$ 10,022,773
	4. Treasury Stock	\$
	3. Paid-in Surplus	\$
	2. Capital Stock	\$
B.	Net Worth 1. Owner's Capital	\$
	6. Total Reserves	\$
	5. Reserve for funds set aside as donor restricted	\$
	4. Reserve for leasehold real properties on which fair rental value is based	\$
	3. Reserve for depreciation value of leased personal property (<i>Equity</i>)	\$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	\$
	1. Reserve for value of leased land	\$
A.	Account Reserves	Amount
	e Brook Health and Rehabilitation 2082-C 9/30/2017	35 37
Nam	e of Facility License No. Report for Year Ended	Page of

H. Changes in Total Net Worth

		License No. Report for Year Ended		Ended	Page	of
Bride	Brook Health and Rehabilitation		9/30/2017		36	37
	Account					ount
	Balance at End of Prior Period as	Â.			\$ \$	
	Total Revenue (From Statement of Revenue Page 30)					
	Total Expenditures (From Stateme	ent of Expenditures I	Page 27)		\$	
	Net Income or Deficit				\$	
	Balance				\$	
	Additions Additional Capital Contributed Other (<i>itemize</i>) 	d (<i>itemize</i>)				
F-3.	Total Additions				\$	
	Deductions				Ŧ	
	1. Drawings of Owners/Operator	s/Partners (Specify)			\$	
	Name and Address (No., City		Title	Amount	T	
	2. Other Withdrawings (Specify)			5	\$	
	Purpose Amount		unt			
3. Total Deductions					\$	
H.	H.Balance at End of Period09/30/17				\$	

Name of Facility	License No.	Report for Year Ended	Page	of				
Bride Brook Health and Rehabilitation	2082-C	9/30/2017	37	37				
	Check appropriate category							
☑ Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	□ (Specify)						
	Preparer/Reviewer Certifica	ation						
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed	Date Signed					
Printed Name of Preparer								
Margaret Philen								
Address		Phone Number	Phone Number					
5300 W. Sam Houston Pkwy North, Ste 100.	832-467-6225							

I. Preparer's/Reviewer's Certification

Level	Item Reported as				
-	Page 35 - Total Liabilities, Reserves and Net Wort	20,185,542 Total Assets	20,185,542		